

SHIPPER/EXPORT (COMPLETE NAME AND ADDRESS)		BOOKING NO.	BILL OF LADING NUMBER
		EXPORT REFERENCES	
CONSIGNEE (COMPLETE NAME AND ADDRESS)		FORWARDING AGENT – REFERENCES	
		POINT AND COUNTRY OF ORIGIN	
NOTIFY PARTY (COMPLETE AND ADDRESS)		ALSO NOTIFY – ROUTING & INSTRUCTIONS	
INITIAL CARRIAGE BY (MODE)*	PLACE OF INITIAL RECEIPT	FINAL DESTINATION (OF THE GOODS NOT THE SHIP)	
VESSEL VOY FLAG	PORT OF LOADING	LOADING PIER/TERMINAL	ORIGINAL(S) TO BE RELEASED AT
PORT OF DISCHARGE	PLACE OF DELIVERY BY ON-CARRIAGE	TYPE OF MOVE	

PARTICULARS FURNISHED BY SHIPPER				
MKS. & NOS/CONT. NOS	NO. OF PKGS.	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	VOLUME
<p>TERMS OF SHIPMENT: “LINER IN / FREE OUT” *ALL CHARGES AT DESTINATION ARE FOR CONSIGNEE’S ACCOUNT*</p>				

DECLARED VALUE \$	IF SHIPPER ENTERS A VALUE CARRIERS “PACKAGE” LIMITATIONS OF LIABILITY DOES NOT APPLY AND THE AD VALOREM RATE WILL BE CHARGED	FREIGHT PAYABLE AT/BY
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FREIGHT CHARGES	RATED AS	PER	RATE	PREPAID	COLLECT	CURRENCY/RATE OF EXCHANGE
NON-NEGOTIABLE						

THE RECEIPT CUSTODY, CARRIAGE AND DELIVERY OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF AND TO CARRIER’S APPLICABLE TARIFF	TOTALS	
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In witness where'd (3) **THREE** original bills of lading all the same tenor and date one of which being accomplished the others to stand void, have been issued by Can-Med Lines (Canada), Inc. or its designated agent on behalf of itself, other participating carriers, the vessel, her master and owners or charters.

*APPLICABLE ONLY WHEN USED FOR MULTIMODAL OR THROUGH TRANSPORTATION

BILL OF LADING NO. _____ DATE _____ BY _____

CAN-MED LINES (CANADA), INC.
As Carrier