

Carrier Name / Logo

Address line 1
Address line 2
Contact: _____

Express Release Bill of Lading (Sea Freight)

Shipper	Consignee	Notify Party
Name: Address: Contact:	Name: Address: Contact:	Name: Address: Contact:
Bill of Lading No. _____	Reference No. _____	Date of Issue ____ / ____ / ____

Vessel / Voyage No.	Port of Loading	Port of Discharge	Place of Delivery
_____	_____	_____	_____

Marks & Numbers	Number & Kind of Packages; Description of Goods	Gross Weight (kg)	Measurement (cbm)
_____	_____	_____	_____

Freight & Charges	Rate	Prepaid	Collect
_____	_____	_____	_____

Express Release: This is not a document of title. Delivery of goods will be made to the named consignee upon proof of identity and without presentation of this Bill of Lading.
Subject to the terms and conditions on the reverse side hereof.

Shipper's Signature/Stamp

Name: _____
Date: ____ / ____ / ____

Carrier's Signature/Stamp

Name: _____
Date: ____ / ____ / ____

Place of Issue: _____

Received in apparent good order and condition, unless otherwise noted. All terms and conditions of the Carrier's Bill of Lading apply.