

Less than Container Load (LCL) Forwarder's Certificate of Receipt

Certificate No.: _____

Date of Issue: _____

Forwarder Name: _____

Forwarder Address: _____

Tel/Fax/Email: _____

Shipper (Exporter)

Name: _____

Address: _____

Contact: _____

Consignee (Importer)

Name: _____

Address: _____

Contact: _____

Cargo Receipt Details

Description of Goods	Marks & Numbers	No. of Packages	Gross Weight (kg)	Volume (CBM)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Place of Receipt by Forwarder: _____

Date of Receipt: _____

Destination (Port or City): _____

Container No./Seal No. (if applicable): _____

Remarks

Signature & Stamp of Forwarder

Signature of Shipper