

Combined Transport Bill of Lading

Shipper:

Consignee:

Agent (if any):

Notify Party:

Place of Receipt: _____

Port of Loading: _____

Port of Discharge: _____

Place of Delivery: _____

Vessel/Voyage No.: _____

B/L No.: _____

Marks and Numbers	Number and Kind of Packages	Description of Goods	Gross Weight (kg)	Measurement (CBM)

Freight and Charges:

Freight Payable at: _____
Place and Date of Issue: _____

Number of Originals: _____

Carrier's Receipt: The Carrier acknowledges receipt of the Goods in apparent good order and condition unless otherwise stated. The Carrier undertakes to perform and/or in his own name to procure the performance of the carriage from the place of receipt to the place of delivery, subject to the terms hereof.

Shipper's Signature / Company Stamp

Carrier's Signature / Company Stamp