

Tel: 0731 024 646 Mob: 0423937719

	NEXUSCORP
FO	RWARDING INSTRUCTION
	& DECLARATION FORM

BL NO:-

Fax: (02) 8798 0140 Email:brisbanecargo@gmail.com								
Sender's Details [ BLOCK LETTERS]				Receiver's Details [BLOCK LETTERS] (Please print receiver's name according to the Passport or National ID)				
Name:					Name:			
					Mobile:			
Email:					Email:			
Note: N	Maximum v	weight per or	ne standard box st	trictly li	mited to 30 ка	(Please mea	sure your box and fi	ll this)
NO. OF BOX	ВОХ ТҮРЕ	WEIGHT	DE	ESCRIPTION	N OF GOODS		VOLUME	VALUE
Total K	G of Weig	ght:						
1. Do y	ou require	door to door	service? Yes 🗍 I	No 🗀	2. Do you re	eguire Insui	rance? Yes 🔲 N	o
-	•	iri Lanka: Yes			4.When will	•		
				otrical I			o go. [	
5. Dang	gerous goo	us declaration	n: Drugs 🗌 Ele	ctricari	tems 🔲 Cn	emicai 🔛		
We will take every precaution in the dispatch of your cargo safely, but <u>WILL NOT BE LIABLE</u> for any Loss, Damage or Delay in Transit. If your cargo is required insurance, we would recommend you take your own Insurance. <b>NOTE:</b> Sending liquor (alcohol) in sea freight is illegal, NEXUS CARGO does not hold any liability for being seized or imposed additional penalty charges if occurred.								
I declare herby any Dangerous, Hazardous, Flammable, Prohibited, Illegal Items, Firearms or Commercial quantities are not included in the content								
	I ack	nowledge tha	t I read, understo	ood and	signed all of t	he above d	eclaration form	
Signatu	ure of Senc	ler:			Date:			
	Used Only				ETA:			
1. Freig				7 Do	um ant Matha	di Cash 🖂	Card Not bank	
	2. D2D Delivery Charge 7. Payment Method: Cash Card Net bank 8. Collection point: Home GK PL GS							
4. Custo	om Clearar	nce						
5. Disco						_	me: All in One Cey	=
6. Total	l Amount			[Acc Number: 609835660] [BSB Number: 484-799]				
						-	liliber: 484-799] lame: Suncorp Bar	nk]
Receiv	ved Date				Signature			



Sender's Details

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## NEXUS CARGO PACKING SLIP

НВ	L NO:	

Receiver's Details

	Description of Goods						
	QTY	DESCRIP	TION	✓			
goods	being stolen	oxes, please fill the pac during the transportati check upon the box de	on process. Please s				
Sender's Signature:			Date	·/			