


NOTE: SHADED AREAS TO BE COMPLETED ONLY BY IASL OR IASL AGENT				BOOKED				
1	AIR WAYBILL NO.	AIRPORT OF DESTINATION	AIRPORT OF DESTINATION	FLIGHT/DATE	FLIGHT/DATE			
2	Shipper's Name and Address	Shipper's Account Number		<div style="text-align: right; margin-bottom: 10px;">  </div> <h3 style="margin: 0;">SHIPPER'S INSTRUCTION FOR DESPATCH</h3> <p style="margin: 5px 0;">COMPLETION OF THIS DOCUMENT IS NECESSARY FOR IASL TO COMPLETE AN AIR WAYBILL ON YOUR BEHALF PLEASE BE ACCURATE AND USE BLOCK LETTERS</p> <ol style="list-style-type: none"> 1- Sender hereby authorised the company to complete the Consignment Notes and other necessary documents in connection with despatch carriage and delivery of goods on behalf of the sender under the provisions of the relevant articles of the carrier's General Condition of Carriage. 2- Sender hereby declared that particulars shown hereon and furnished by him or his agent are correct and that he is aware of and accepts the General Condition of Carriage. 3- Sender also acknowledges that he has been given the opportunity to take out comprehensive insurance on these goods. 4- Is any part of the shipment contain Dangerous Goods such part is properly described by name and is properly and adequately packed for carriage by air in accordance with The International Air Transport Association's Dangerous Goods Regulations. <p style="margin: 5px 0;">Goods have explosive, Corrosive, Flammable, Poisonous of other Harzadours Characteristics must be accompanied by a "Shipper Declaration For Dangerous Goods " Consult any Island Aviation Services Office for details of this requirement</p> <p style="margin: 5px 0;">SIGNATURE OF SHIPPER _____ DATE _____</p>				
3	Consignee's Name and Address	Consignee's Account Number						
4	Issuing Carrier's Agent Name and City	Account Number						
5	Agent's IATA Code	Account No.						
6	Currency	Declared Value for Carriage	Declared Value for Customs	Amount of Insurance	Insurance: If shippers requests insurance in accordance with condition on reverse hereof indicate amount to be insured in figure in box marked amount of insurance.			
7	Handling Information							
8	No. of Pieces RCP	Gross Weight	Kg lb	Commodity Item No.	Chargeable Weight	Rate Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
9	PREPAID		WEIGHT CHARGE		COLLECT		Other Charges	
	VALUATION CHARGES							
	TAX						RECEIVED BY: SIGNATURE: DATE:	
	TOTAL OTHER CHARGE DUE AGENT						CUSTOMS USE ONLY N.S.S USE ONLY	
	TOTAL OTHER CHARGES DUE CARRIER						CHECKED BY: CHECKED BY: SIGNATURE: SIGNATURE: DATE: DATE: TIME: TIME:	
	TOTAL PREPAID		TOTAL COLLECT					