



Please submit completed form to:
MNLGSCIDX@Maersk.com

Switch Shipping Instructions

(All fields marked by * are mandatory for customer profile creation and may or may not appear in the BL body unless required in origin/destination country)

Shipping Instruction submitter (who should Maersk Line contact in case of inquiries to this document):

Name:	Company:
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Switch Shipper (complete name and address) *:	BL NUMBER *:
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Company Name Address (complete with City and Postal Code or PO Box) Telephone Number: Email Address: Tax Reference Number/BIN:	Switched Bill Type* (Please select one) <input checked="" type="checkbox"/> Shipped Bill / Original <input type="checkbox"/> Seaway Bill <input type="checkbox"/> Combined <input type="checkbox"/> Split
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Switch Consignee (complete name and address) *:	Export / Customer's Reference:
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Company Name Address (complete with City and Postal Code or PO Box) Telephone Number: Email Address: Tax Reference Number/BIN:	
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Notify party 1 (complete name and address): *(Only mandatory in case Switch Consignee is To Order/ Bank)	Notify party 2 (complete name and address):
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Company Name Address (complete with City and Postal Code or PO Box) Telephone Number: Email Address: Tax Reference Number/BIN:	
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Particulars as furnished by shipper – Carrier not responsible*

Container/Seal No	Shipping Marks	Description of goods	No/Kind of Packages	Gross Weight Kgs	Nett Weight Kgs	Measurement Cbm
XXXXXXXX/Seal no: XXXX		Insert "nil" if no amendment required based on 1st sector BL cargo description.	Container wise	Container wise	Container wise	Container wise

Freight Components :	(Please select one)*		
	Prepaid	Collect	Payer Name and Location

Origin Local Charges	<input type="checkbox"/>	<input type="checkbox"/>	Origin Shipper
Ocean Freight	<input type="checkbox"/>	<input type="checkbox"/>	Origin Shipper
Destination Local Charges	<input type="checkbox"/>	<input type="checkbox"/>	Switch Consignee
Switch BL Fees	<input type="checkbox"/>	<input type="checkbox"/>	Switch Shipper

REMARKS