



CARTER'S NOTE

Container Number:	Vessel Name:
ISO/Equipment Type:	Voyage Number:
Shipper/Line Operator:	Commodity:
Booking Number::	Tranship Port:
Verified Gross Mass (VGM) Weight: Tonnes . kg	Port of Discharge/Final Destination
Seal 1:	Seal 2:

DESCRIPTION OF GOODS, NUMBER AND KIND OF PACKAGES, REMARKS

Description of Goods/Remarks	Number	Type of Items

Carriage Temp (°C):	Dangerous Goods:	Over Dimension: (Yes / No) Over Width (cm) Left: Over Width (cm) Right: Over Height (cm):
Vent Setting and Unit:	UN Number:	
Humidity (Control) %:	Class:	
Container must be back on power by: Date: / / Time: Hr (24 hr clock)		

RECEIVED FOR SHIPMENT

TRANSPORTING COMPANY / HAULIER		CUSTOMER	
Company Name: _____	Person: _____	Company Name: _____	Person: _____
Signature: _____	Date: _____	Signature: _____	Date: _____
ORIGINAL COPY	TERMINAL COPY	CARTER'S COPY	

I certify that the weight of the container(s) to be carried is the verified gross mass (VGM) of the container(s) as determined in accordance with Rule 24B.4 of the Maritime Rules and that I am an authorised signatory of the shipper.

_____/_____/_____/_____
Name (in Capitals) Company Signature Date

Business is conducted subject to the standard Conditions of Contract of Cubic Transport Services Ltd. The referral of business, including but not confined to booking and delivery instructions, will be considered acceptance of these Conditions of Contract, copies of which are available from our website www.cubic.co.nz