

Your Company Letterhead

Date:

To/From:

Delivery Address:

RE: SHIPPING INSTRUCTIONS
YOUR REF#

MAWB#
AWB#

ETA and Name or Arrival Port/City:

OF PIECES:

NET WEIGHT:
GROSS WEIGHT:

COMMODITY: (Note: Please indicate full name as should be filed with FDA)

Report size of shipment for FDA (KGS, Capsules, weight, etc)

COUNTRY OF ORIGIN:

TARIFF NUMBER/HTS#:

DUTY: (Please specify if Duty Free)
Total value:

FDA MANUFACTURER:
NDA#
IND#
NDC#
END USER:
END HOLDER:
USE:
PRODUCT CODE#:

COMMENTS:
Please attach all documentation pertaining to shipment information