



NNR Global Logistics USA Inc. - Shipper's Letter of Instructions (SLI)

1. USPPI Name:			3. Freight Location (Company Name):			5. Forwarding Agent: NNR Global Logistics USA Inc.			
2. USPPI Address Including Zip Code:			4. Freight Location Address (if not Box #2)						
6. USPPI EIN (IRS) No:			8. Related Party Indicator (Select One):			<input type="checkbox"/> Related <input type="checkbox"/> Non-Related			
7. State of Origin:			9. Routed Export Transaction (Select One):			<input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Ultimate Consignee Name & Address:			11. Ultimate Consignee Type (Select One):			12. Intermediate Consignee Name & Address:			
			<input type="checkbox"/> Direct Consumer <input type="checkbox"/> Government Entity <input type="checkbox"/> Reseller <input type="checkbox"/> Other/Unknown						
13. Country of Ultimate Destination:			14. Transportation Mode:			<input type="checkbox"/> AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> OTHER			
15. In-Bond Code:			17. FTZ Identifier:						
16. Entry Number:			18. TIB/Carnet?:			<input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Hazardous Material: <input type="checkbox"/> Yes <input type="checkbox"/> No			UN Number:			Cargo Aircraft Only: <input type="checkbox"/> Yes <input type="checkbox"/> No			
20	21	22	23	24	25	26	27	28	29
Domestic or Foreign Origin (D/F)	Schedule B / HTS Number and Commercial Commodity Description	Quantity in Schedule B / HTS Units	DDTC Quantity and DDTC Unit of Measure	Shipping Weight (In Kilograms)	ECCN, EAR99 or USML Category No.	SME (Y/N)	Export License No., License Exception Symbol, DDTC Exemption No., DDTC ACM No. or NLR	Value at the Port of Export (USD)	License Value by item (If Applicable) (USD)
30. DDTC Applicant Registration Number:			31. Eligible Party Certification:			<input type="checkbox"/> Yes <input type="checkbox"/> No			
32. <input type="checkbox"/> Check here if there are any remaining non-licensable Schedule B / HTS Numbers that are valued \$2500.00 or less and that do not otherwise require AES filing.									
Instructions To Forwarder:									
SHIPPER MUST CHECK PREPAID OR COLLECT						SHIPPER REQUESTS INSURANCE			
						NO YES \$ _____			
<small>If shipper has requested insurance at the left hereof, shipment is in the amount indicated is limited to to actual loss. In accordance with the provisions in the Carrier's Tariffs Insurance is payable to Shipper unless cover is designated in writing by the Shipper.</small>									
33. I certify that the statements made and all information contained here in are true and correct. I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false and fraudulent statements herein., failing to provide the requested inforamtion or for violation of U.S. Laws on exportation (13 U.S.C. Sec. 305, 22 U.S.C. Sec 401, 18 U.S.C. 1001, 50 U.S.C. app.2410).									
34. USPPI E-Mail Address:			35. USPPI Telephone No.:						
36. Printed Name of Duly Authorized Officer or Employee:									
37. Signature:			38. Title:			39. Date:			
40. <input type="checkbox"/> Check here to validate Electronic Signature. Electronic signature must be typed in all capital letters in Box 37 in order to be valid.									