



Date.....

To : ATLANTIS S.A.
Attention : EXPORT DEPARTMENT
Fax : +30.2310.55.75.03

SHIPPING INSTRUCTIONS

SHIPPER	
CNEE	
NOTIFY	
PORT OF LOADING	
PORT OF DISCHARGE	
CNTR No	
DESCRIPTION OF GOODS	
PACKING OF PRODUCTS	
TOTAL GROSS WEIGHT	
TOTAL NET WEIGHT	
FREIGHT (PREPAID/COLLECT)	

Please sign & Stamp

You are kindly requested to send this form in your company's letterhead.