

FOR COMBINED TRANSPORT SHIPMENT OR PORT TO PORT SHIPMENT

Shipper/Exporter (complete name and address)		<div>B/L NO.</div> <div>Arkas Container Transport S.A. Tekfen Tower Esentepe Mah. Büyükdere Cad. No:209 Şişli 34394 İstanbul/Türkiye Tel: +90 (212) 318 00 00 Fax: +90 (212) 266 22 06 arkasline@arkasline.com.tr</div>
Consignee (not negotiable unless consigned to order)		
Notify Party (complete name and address - carrier not responsible for failure to notify see clause 11(1))		
Pre-carriage by*		RECEIVED by the Carrier from the Shipper in apparent good order and condition (unless otherwise stated herein), the goods or the container(s) or package(s) said to contain the cargo herein mentioned, to be transported to such place as agreed, authorized or permitted herein and subject to all the terms and conditions appearing on the front and reverse of this Bill of Lading to which the Merchant agrees by accepting this Bill of Lading, any local privileges and customs notwithstanding. This particulars given below as stated by the shipper and the weight, measure, quantity, condition, contents and value of the Goods are unknown to the Carrier. The Carrier has had no possibility to check whether these particulars are correct. One original Bill of Lading duly endorsed must be surrendered by the Merchant to the Carrier in exchange for the goods or issuing a delivery order. In the witness whereof the number of original Bills of Lading stated below all of this tenor and date has been signed, one of which being accomplished the others to stand null and void.
Place of Receipt*	Port of Loading	
Ocean Vessel	Voy.No.	
Port of Discharge	Place of Delivery*	

Particulars furnished by the Merchant					
Container No. and Seal No. Marks & Nos.	Quantity and Kind of Packages	Descriptions of Goods			Measurement (M ³) Gross Weight (KGS)
TOTAL NUMBER OF CONTAINERS OR OTHER PACKAGES OR UNITS RECEIVED BY THE CARRIER					
FREIGHT & CHARGES		Revenue Tons	Rate	Per	Prepaid
					Collect
Ex. Rate	Prepaid at	Payable at		Shipped on board Date	
Place and date of issue	MOVEMENT	No. of original B(s) / L		Signed as Agents on behalf of the Carrier ARKAS CONTAINER TRANSPORT S.A.	
Term				by _____	

* FOR COMBINED TRANSPORT ONLY

