

Level 6, 131 York Street, Sydney NSW 2000 PO Box Q388, Sydney NSW 1230

> Tel: (02) 9266 9900 Fax: (02) 9268 0230

FACT SHEET Number 2/2007

August 2007

To be submitted on Consignee's Letterhead

То:	(insert Shipping company Name) (insert shipping company address)
Date: .	
	Letter of Authority for Shipping Company to deal with named Agent
Dear S	Sir,
contac consig	be informed that this company has appointed [insert name of agent] (hereinafter "the agent"), whose t details appear below, to act as our agent and that we have authorised the agent to take delivery of goods ned to or endorsed to this company that have been shipped to Australia with [insert name of shipping my] (hereinafter "the shipping company".
In resp	pect to such consignments of goods, this letter specifies the terms upon which we have granted authority to ent -
1.	The agent to request to receive Arrival Notices if issued by the shipping company.
2.	The agent to request delivery from the shipping company of goods consigned or endorsed to this company under original bills of lading, and consigned to this company under sea waybills.
3.	We expressly authorise and instruct the shipping company to release our goods to the agent upon presentation of an original bill of lading, or identification against a sea waybill of lading, unless we have given prior notice to the contrary to the shipping company in writing.
4.	We expressly warrant the authority of and the authenticity of any identification presented to take delivery in the name of the agent on our behalf.
5.	We expressly authorise the agent to request Import charges from the shipping company.
6.	The agent to receive invoices for and arrange payment for container repair and/or container cleaning if the container is not returned in a cargo worthy condition.
	alidity of this letter of authority will continue subject to 30 days written notice of termination or tation of a new Letter of Authority by us to the shipping company.
If you	have any queries, please do not hesitate to contact us.
Yours	faithfully,
Signed	d (authorised company representative
	[company name]

Contact Details of abovementioned agent -

Full name of age	ent:	 	٠.		 	٠.				 	
ABN:		 			 					 	
Street Address		 	٠.		 			 	 		
Postal Address:		 	٠.		 			 		 	
Contact Name:		 			 					 	
Phone number:		 ٠.			 					 	
Fax number:		 			 	٠.				 	