Shipper (MAX 5 LINES)	Booking No. : Mandatory Sender's e-mail id : Mandatory
Consignee: (MAX 5 LINES) Tel: Fax:	**K-LINE B/L FORMAT**

1. Notify Party: (MAX 5 LINES) Tel: Fax:	2.Notify Party: (MAX 5 LINES) Tel: Fax:

Vessel and Voyage No:	Place of Receipt:

Port of Loading:	Port of Discharge:	Place of Delivery:

Container Nos. Marks & Numbers	Number and Kind of Packages Description of Goods	Gross Weight
		KGS. NET. WEIGHT. KGS.

Total No. of Containers /Packages:	Movement: CY/CY CFS/CY CY/DOOR	Freight: PREPAID / COLLECT

Booking Number & Local Consignee / Notify's full Address along with Telephone No. is mandatory.
Kindly e-mail this file as attachment to mum.bldesk@in.kline.com
Kindly mention "CONTAINER NO." in subject line of the mail.