**[Consignee Letterhead]**

**COMPANY ADDRESS**

**ABN No. required -**

To: Orient Overseas Container Line Ltd.

c/o OOCL (Australia) Pty Ltd

[DATE]

Re: Authorisation to agents

Dear Sirs,

We write to inform you that this company has appointed Australian Managed Servicing Pty Ltd to act as our agents, and that we have authorised them to act on our behalf in effecting delivery of consignments that we have shipped with OOCL.

The purpose of this letter is to clarify the terms on which we have granted authority to [insert name of agent]:

1. We expressly authorise Australian Managed Servicing Pty Ltd to request delivery from OOCL of goods consigned and endorsed by **[insert name of company]** under original bills of lading and consigned **to [insert name of company]** under sea waybills.
2. We expressly authorise and instruct OOCL to release our goods to Australian Managed Servicing Pty Ltd 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 OOCL in writing.
3. We expressly warrant the authority of and the authenticity of any identification presented to take delivery in the name of Australian Managed Servicing Pty Ltd on our behalf.
4. We expressly authorise Australian Managed Servicing Pty Ltd to receive the **Shipping document: arrival notice, invoice & EDO (Electronic Delivery Order)** from OOCL for **[insert name of company]**
5. The validity of this letter of authority will continue subject to 30 days written notice of termination in writing given by us to OOCL and response of acknowledgment by OOCL.
6. Please provide the contact name, telephone no. and email address for the agent and email back to **OALIMP@OOCL.COM**

Agent/Third Party Contacts: Suggested to nominate a group email address to receive the shipping documents.

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| **Company** | **Contact** | **Email Address** | **Phone Number** |
| Australian Managed Servicing Pty Ltd | Brendan Wells | transport@ausmanagementservice.com | +61 422 424 999 |

Consignee Contacts:

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** | **Contact** | **Email Address** | **Phone Number** |
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 **Please tick the BOX if require Consignee Contacts to receive the shipping documents.**

Yours faithfully,

[Signature]

[Name/position]