Combined Letter of Indemnity and Instruction

for “Telex Release” Or Pick up OBL at POD of consignments carried under straight consigned Bills of Lading

|  |  |
| --- | --- |
| To :  | MSC Mediterranean Shipping Company S.A., its agents and affiliates (“MSC”) andthe Owners of the *[insert name of ship]* |

Dear Sirs,

|  |  |
| --- | --- |
| Ship / Voyage | *[insert name of ship and voyage number]* |
| POL /POD : | *[insert load/discharge port, as stated in the Bill of Lading]* |
| Cargo : | *[insert description of cargo]* |
| Bill(s) of Lading : | *[insert identification number, date, place of issue]* |
| Container number(s) | *[insert the container numbers]* |
| Telex Release  | *[insert Y or N]*  |
| Print OBL at POD | *[insert Y or N]* |

The above cargo was shipped on the above vessel by *[insert name of shipper]* and consigned to *[insert name of consignee of record]* for delivery at *[insert name of discharge port or place of delivery as stated in the Bill of Lading].*

For Our convenience, We the Undersigned *[insert name of shipper or consignee of record, as appropriate]* as shipper of record, hereby request you to instruct your agent at the place of destination to deliver the consignment to:

*[insert name and full contact details of party to whom the cargo shall be delivered at destination]*,

against surrender to MSC by Ourselves of the full set of Original Bills of Lading.

We hereby confirm that *[insert name of party to whom the cargo shall be delivered at destination]* are the lawful Consignee and that We acknowledge and accept without reserve the MSC Terms and Conditions of carriage.

In consideration of Your complying with Our above request, We hereby confirm that We hold You free of any and all liabilities and that we shall keep You harmless against any and all losses whatsoever that You may suffer as a consequence of Your complying with our request.

Yours faithfully,

For and on behalf of

*[insert name of shipper or consignee of record, as appropriate]*

Authorised signature………………………………………

Name:

Position:

Date:

*Stamp/seal*