

Ref #: \_\_\_\_\_



1716-15 vicora linkway, Toronto ON,  
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Phone: 416-838-5344

**Shipping Manifest (If filling online, please print two copies)**

Date (DD/MM/YY) : \_\_\_\_\_ Time: \_\_\_\_\_

**Shipper information:**

**Consignee Information:**

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Account number: \_\_\_\_\_

Attention to: \_\_\_\_\_

Address: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Shipper's Name:** \_\_\_\_\_

**Recipient's Name:** \_\_\_\_\_

**Shipper's Signature:** \_\_\_\_\_

**Recipient's Signature:** \_\_\_\_\_

.....

**Shipment Details**

Services: \_\_\_\_\_

No. of Pieces: \_\_\_\_\_

Rush(Door to door): \_\_\_\_\_

Weight (approx): \_\_\_\_\_ Lbs

Dimensions: \_\_\_\_\_

Regular (4 hr): \_\_\_\_\_

Same Day: \_\_\_\_\_

Description of contents/comments: \_\_\_\_\_

Insurance Required: \_\_\_\_\_

Insurable value: \_\_\_\_\_

**Shipper's declaration(please initial):** I hereby declare that the contents of this consignment are fully and accurately classified/described, packaged, marked/labeled and are in all respect in proper condition for transport in accordance with national and international regulations

Shipper's Initials: \_\_\_\_\_