Shipper (full name & address) Consignee		BILL OF LADING Reference No. BALTIC LINE AS		
* Pre-carriage by Vessel Port of Discharge	* Place of receipt by pre-carrier Port of loading * Place of Delivery by on-carrier	Tel. +47 51 84 56 46 Mail: operations@balticlirhttp://www.balticline.no	ne.no	
Marks and Nos.	Description of goods and number / ty	pe of packaging Gro	oss weight KG	Cube m3

Number of original Bs/L

Signed for the Carrier (As Agents only)

* Applicable only when document used as a Through Bill of Lading