

|                       |                              |
|-----------------------|------------------------------|
| <b>Exhibition</b>     |                              |
| <b>Company</b>        | <b>Stand number</b>          |
| <b>Address</b>        |                              |
| <b>Contact person</b> | <b>E-mail</b>                |
| <b>Tel</b>            | <b>Signature</b> <b>2021</b> |

|                       |                       |
|-----------------------|-----------------------|
| <b>VAT reg number</b> | <b>Your reference</b> |
|-----------------------|-----------------------|

**Preadvice for Shipment from Abroad**

Total Number of Cases \_\_\_\_\_ pcs Gross Weight \_\_\_\_\_ kg  
 Volume in cbm \_\_\_\_\_ m<sup>3</sup> Forwarding/Transport Company \_\_\_\_\_  
 Please contact us during the exhibition for return shipments

**Order for Transportation**

From \_\_\_\_\_ To \_\_\_\_\_

**Estimate of the Goods**

Number of Cases \_\_\_\_\_ Gross Weight \_\_\_\_\_ Volume in cbm \_\_\_\_\_

**Order for Unloading / Delivery to the Stand**

Date \_\_\_\_\_ Desired Time \_\_\_\_\_ Forklift  
 4 tons  7 tons  15 tons  Crane

**Order for Manpower**

Number of Persons \_\_\_\_\_ Build-up  Date, Time \_\_\_\_\_ Dismt.  Date, Time \_\_\_\_\_

**Order for Storage of Empty Cases**

Volume in cbm \_\_\_\_\_

**Order for Pickup from the Stand and Loading**

Date \_\_\_\_\_ Desired Time \_\_\_\_\_ Forklift  
 4 tons  7 tons  15 tons  Crane

**We request an additional insurance coverage for forklift service**

For Value  Yes  No  
 \_\_\_\_\_

All tasks shall be carried out in accordance with the General Conditions of the Nordic Association of Freight Forwarders (NSAB 2000) which i.a. limit the forwarder's liability and entitle the forwarder to cover all his claims due for payment through sale of the customer's property under his control (the forwarder's lien). NSAB 2000 shall be applied, excluding time guarantee referred to in § 6, par. 2 and in § 20 par. B and liability for signing insurance referred to in § 27, par. C.3.

Place and Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please fill in and send this form to us three weeks before show opens at the latest**

**Suomen Messulogistiikka Oy**

VAT number FI15917372  
 Postal address PL 55, 00521 HELSINKI  
 Phone 010 309 6600  
 email: info@smlog.fi

Please return to Jyväskylän Messut Oy, PL 127, 40101 JYVÄSKYLÄ, VAT no FI06265050  
 e-mail: info@jklmessut.fi, tel. +358 14 339 8100