## AUTHORITY TO DELIVER SHIPPING DOCUMENTS TO REPRESENTATIVES



To: The Manager ANZ Trade and Supply Chain Select (Branch)		Date (dd/mm/yyyy)	
	Branch		
	Diancii		
om: (Customer name and address, include company	identification num	iber if applicable):	
we authorise ANZ to deliver to our representative(s), voices and/or other documents that ANZ may at any	whose name(s) and time hold delivera	d specimen signature(s) appear in the space provided, any Bills of Lading, able to us and receipt by any one of them will be sufficient discharge for	
ne same. ame of Applicants Representative(s)		Specimen Signature of Representative(s)	
and of Applicants representative(s)		Specificity signature of representative(s)	
ours faithfully, uthorised Signature		Name of Authorised Signatory	
uthorised Signature		Name of Authorised Signatory	
Company stamp or chop (if applicable):			
ompany stamp or chop (if applicable).			
ANK USE ONLY			
1/2/1/1/201		Signature(s) verified against signing authority	
eceived (Date/time):			
		Initials of verifying officer	
		Initials of verifying officer  Manager / Team Leader	
Received (Date/time):  Approved by  Date Released (dd/mm/yyyy)			