

How to complete a Bulk Manifest



		Bulk Manifest (Domestic - International) See terms and conditions on reverse. This manifest is subject to audit. Areas shaded in yellow are MANDATORY.				Manifeste en nombre (Régime intérieur - Régime international) Voir les modalités au verso. Ce manifeste est sujet à vérification. Les espaces ombragés en jaune sont OBLIGATOIRES. Les espaces ombragés en rouge sont réservés à l'usage de Postes Canada.							
1	Your Reference No. / Votre n° de référence XYZ0067	2	Telephone No. / N° de Téléphone 6137340000	3	Customer (Sold to) No. / N° du (vendeur à) client 1234567	4	Agreement No. / N° de convention 12345678	5	Site No. / N° du bureau	6	Date Year / Année M / M D / D	7	Page of / de
8	Shipper Name and Address / Nom et adresse de l'expéditeur ABC Company 123 Main St Ottawa ON		9	Shipper (Paid by) No. / N° de (payé par) l'expéditeur 3456789		For delivery confirmation: / Pour confirmation de la livraison: 1 888 550-6333 www.canadapost.ca www.postescanada.ca		11		Manifest Number / N° du manifeste X12345678		12	
		Continuous / Acheminement continu Inbound Freight / de marchandise d'arrivée <input type="checkbox"/>		10		Postal Code / Code postal K1A0B1		11		Total No. of Postage Paid / Nbre total d'articles port payé / Prepaid items / Articles prépayés 2			

I hereby agree to the terms and conditions as stated on the back of copy 3. Dangerous goods are prohibited in the mail, unless the shipper has an existing agreement with Canada Post for the surface transport only of such items.		J'accepte les modalités énoncées au verso de la copie 3. Il est interdit d'envoyer par la poste des produits dangereux, à moins que l'expéditeur n'ait conclu une entente avec Postes Canada limitant le mode d'acheminement de ces produits au transport de surface.		12	Shipper's Name / Nom de l'expéditeur (please print) / (veuillez écrire en lettres moulées) Jane Doe	Shipper's Signature / Signature de l'expéditeur Jane Doe	13	Acceptance Signature / Signature d'acceptation
33-086-565 (15-04)		* See instructions on reverse / * Voir les instructions au verso		Shipper Record		Copie de l'expéditeur		1

Field	Field Name	Description
1	Your Reference No.	Use the reference field as required, e.g., purchase order number. This information will appear on your invoice.
2	Telephone No.	Enter the Shipper's telephone number.
3	Customer (Sold to) No.	Enter the Shipper's 7-digit customer number.
4	Agreement No.	Enter the Shipper's 8-digit agreement number.
5	Site No.	For Canada Post use only. To be completed by the accepting employee.
6	Date	For Canada Post use only. To be completed by the accepting employee.
7	Page Number	Enter the number of the manifest indicating the total number of manifests used for the shipment. (e.g. 1 of 3)
8	Shipper's Name and Address	Enter the Shipper's company name and address.
9	Shipper (Paid by) No.	Enter the 7-digit customer number of the Party paying for the shipment.
10	Shipper's Postal Code	Enter the Shipper's 6-character postal code.
11	Total No. of Postage Paid/ Prepaid Items	Enter the total number of Postage Paid/Prepaid items that are being shipped. This quantity will contribute to your scheduled pickup service fee calculation. For information on purchasing additional options, see page 3.
12	Shipper's Name and Signature	Print the Shipper's name and sign each page of the Bulk Manifest.
13	Acceptance Signature	For Canada Post use only. To be completed by the accepting employee.

The **Bulk Manifest** can be used for some services: Prepaid products with options, US and International items.

All information appearing in the fields of the samples found in this document, e.g., numbers, addresses and names, are for illustrative purposes only.

- Mandatory Fields
- Canada Post Fields

Specific Fields

1	2	Destinataire :	3	4	5	6	7	8	9	10	11	12
Product Code du produit	Shipped To: Name and Address	Nom et adresse	Postal Code Code postal	Pieces Nombre d'articles	Weight (kg)/VE Poids (kg)/VE	Number of oversized packages / Number of oversized packages without packaging	Mailing Tube Tube d'expédition	Delivery Confirmation Confirmation de livraison	Signature	Declared value for coverage Valeur déclarée pour couverture	Total Fee Droit total	MANDATORY OBLIGATOIRE Item ID Id. de l'article
1917	1	Jane Smith 432 Tree ST Miami Florida	FL	1	8.5					\$ 600	\$55.53	1 GL21000454CA
6210	2	Margaret Blair 1025 King Rd London England	GB	1	8.5					\$ 600	\$55.53	2 GL21000446CA

Field	Field Name	Description
1	Product Code	Enter the appropriate numeric product code of the Item(s). Product codes are supplied by the sales representative and the Commercial Service Network (CSN).
2	Shipped To	Enter the destination address of the Item(s).
3	Postal Code	Domestic – Enter the 6-character postal code of the destination (see back of manifest). USA – Enter the State Code (i.e., FL for Florida). International – Enter the Country Code (i.e., GB for England).
4	Number of pieces	Enter 1 Item per line, except for flat rated Items. For flat rated Items, enter the total number of Items applicable to the service identified per line.
5	Weight (kg)/VE	Enter the greater of actual weight or the volumetric equivalent of actual weight. Flat Rating - All pieces indicated on the line must be the same weight or VE.
6	Oversize / Unpackaged	Enter the number of Item(s) identified on this line, that are oversize (any dimension larger than 1 m) or unpackaged.
7	Mailing Tube**	Enter the number of Item(s) identified on this line that are mailing tubes that are cylindrical in shape. Entry of items that are not cylindrical in shape (e.g. triangular shape) is not required.
8	Delivery Confirmation**	Enter the number of Item(s) identified on this line, requiring Delivery Confirmation.
9	Signature**	Enter the number of Item(s) identified on this line, requiring the recipient's Signature.
10	Declared Value for Coverage**	Enter the declared value of the Item identified on this line for coverage against loss or damage – enter only one item per line.
11	Total Fee	Use as required to record the cost of all Items identified on this line.
12	Item ID	Affix or record the reference Item ID number from the shipping label to each line item. Note: Item ID must be completed for order to be accepted.

* Volumetric Equivalent of Actual Weight (VE)

Example

An Xpresspost Item measures

100 cm x 60 cm x 40 cm has an actual weight of 25 kg.

100 cm x 60 cm x 40 cm = 240,000 cm³ (volume)

240,000 ÷ 5,000 (density factor) equates to a volumetric equivalent of actual weight of 48.

** See *Parcel Services Customer Guide* for product features and options.

Postage Paid (Prepaid) Item requiring additional options

Scenario One - Purchasing Additional Options for Prepaid Items (Signature)

Product Code du produit		Shipped To: Name and Address	Destinataire: Nom et adresse	Postal Code Code postal	No. of pieces Nombre d'articles	Weight (kg)/EV Poids (kg)/EV	Number of pieces per category Nombre d'articles par catégorie			Signature	Declared value for coverage Valeur déclarée pour couverture	Total Fee Droit total	MANDATORY OBLIGATOIRE	
Item ID Id. de l'article														
926		1 William Johns 678 Any St Toronto ON		M5H 3C5	1	2.5				1	\$		1	QQ NNN NNN NNN QQ

Field	Field Name	Description
1	Product Code	Enter the appropriate product code: 926 – Xpresspost postage paid (prepaid), 1654 – Priority Postage Paid/Prepaid. One item per line.
2	Delivery Confirmation, Signature	Enter the total number of Items, in the appropriate box, receiving additional options.

Note

The **Bulk Manifest** must be used to purchase additional options on Postage Paid/Prepaid Items.

Scenario Two – Purchasing Additional Options for Prepaid Items (Additional Liability Coverage)

Product Code du produit		Shipped To: Name and Address	Destinataire: Nom et adresse	Postal Code Code postal	No. of pieces Nombre d'articles	Weight (kg)/EV Poids (kg)/EV	Number of pieces per category Nombre d'articles par catégorie			Signature	Declared value for coverage Valeur déclarée pour couverture	Total Fee Droit total	MANDATORY OBLIGATOIRE	
Item ID Id. de l'article														
1654		1 William Johns 678 Any St Toronto ON		M5H 3C5	1	2.5					\$		1	QQ NNN NNN NNN QQ
1015											\$ 650		2	QQ NNN NNN NNN QQ
											\$		3	

Complete form as per scenario one, in addition, a second line must be completed as follows:

Field	Field Name	Description
1	Product Code	Enter the product code for additional liability coverage: 1015 – Additional Liability Coverage. One item per line.
2	Declared Value for Coverage	Enter the value of the Item being shipped, on line two.