

How to Complete a Bulk Manifest



From anywhere... to anyone

		1 Paid by Meter <input checked="" type="checkbox"/> Affranchissement à la machine Meter Serial No. N° de série de la machine à affranchir 1 2 3 4 5 6	Bulk Manifest (Domestic - International) See terms and conditions on reverse. This manifest is subject to audit. Areas shaded in red are for Canada Post use only.		Manifeste en nombre (Régime intérieur - Régime international) Voir les modalités au verso. Ce manifeste est sujet à vérification. Les espaces ombrés en rouge sont réservés à l'usage de Postes Canada.		
2 Your Reference No. Votre n° de référence XYZ0067	3 Telephone No. N° de téléphone 6137340000	4 Customer (Sold to) No. N° du (vendu à) client 1234567	5 Agreement No. N° de convention 12345678	6 Site No. N° du bureau	7 Date Year Année MM DJ	8 Page of/de	
9 Shipper Name and Address Nom et adresse de l'expéditeur ABC Company 123 Main St Ottawa ON		10 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 Total No. of Postage Paid Items Nbre total d'articles à port payé 3	
Continuous Inbound Freight Acheminement continu de marchandise d'arrivée <input type="checkbox"/>		11 Postal Code Code postal K1A0B1					

13 I hereby agree to the terms and conditions as stated on the back of copy 3. 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.	13 Shipper's Name (please print) Nom de l'expéditeur (veuillez écrire en lettres moulées) Jane Doe	Shipper's Signature Signature de l'expéditeur <i>Jane Doe</i>	14 Acceptance Signature Signature d'acceptation
33-086-565 (07-04)	* See instructions on reverse * Voir les instructions au verso		Shipper Record Copie de l'expéditeur 1

Field	Field Name	Description
1	Paid by Meter	If payment is by meter impression, place a check mark in box. Enter the meter serial number below the meter box (see example). The meter tape(s) must be affixed to the back of the Data Processing Copy.
2	Your Reference No.	Use the reference field as required, e.g., purchase order number. This information will appear on your invoice.
3	Telephone No.	Enter the Shipper's telephone number.
4	Customer (Sold to) No.	Enter the Shipper's 7-digit customer number.
5	Agreement No.	Enter the Shipper's 8-digit agreement number.
6	Site No.	For Canada Post use only. To be completed by the accepting employee.
7	Date	For Canada Post use only. To be completed by the accepting employee.
8	Page Number	Enter the number of manifests used for the shipment.
9	Shipper's Name and Address	Enter the Shipper's company name and address.
10	Shipper (Paid by) No.	Enter the 7-digit customer number of the Party paying for the shipment.
11	Shipper's Postal Code	Enter the Shipper's 6-character postal code.
12	Total No. of Postage Paid Items	Enter the 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.
13	Shipper's Name and Signature	Print the Shipper's name and sign each page of the manifest.
14	Acceptance Signature	For Canada Post use only. To be completed by the accepting employee.

The **Bulk Manifest** is to be used for domestic Collect on Delivery (COD), Return Parcels, Flat Rating, Book Presort, Literature for the Blind, Postage Paid (prepaid) with options, or USA/International shipments.

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

Automation Discount – Customers using an electronic shipping system may qualify for additional discounts. To learn about Electronic Shipping Tools, contact your sales representative or visit www.canadapost.ca/business/tools/default-e.asp

Specific Fields

1	2	Destinataire :	3	4	5	6	7	8	9	10	11	12	13	
Product Code Code du produit	Shipped To: Name and Address	Destinataire : Nom et adresse	Postal Code Code postal	Number of pieces Nombre d'articles	Weight Poids kg	Oversize / Unpackaged Surdimensionné sans emballage	Mailing Tube Tube d'expédition	Delivery Confirmation Confirmation de livraison	Signature	C.O.D. Envoi CR	Declared value for coverage Valeur déclarée pour couverture	Total Fee Droit total	Item ID Affix or enter label number	Id. de l'article Apposer l'étiquette ou inscrire l'identificateur
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	2.5						\$		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 postal code of the destination (<i>see back of manifest</i>). USA – Enter the State Code (<i>i.e., FL for Florida</i>). International – Enter the Country Code (<i>i.e., GB for England</i>).
4	Number of pieces	Enter the total number of Items applicable to the service identified on this line.
5	Weight	Enter the weight of the Item(s) in kilograms. Record the higher of the actual weight or the volumetric* weight. Flat Rating – All pieces indicated on the line must be the same weight. Enter the weight in kg of one item for the line.
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	C.O.D.**	Enter the number of Item(s) identified on this line requiring Collect On Delivery (C.O.D.).
11	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.
12	Total Fee	Use as required to record the cost of all Items identified on this line.
13	Item ID	Affix or record the reference Item ID number from the shipping label to each line item.

* Volumetric Weight
Example
 An Xpresspost Item measures 100 cm x 60 cm x 40 cm and weighs 25 kg.
 100 cm x 60 cm x 40 cm = 240,000 cm³ (volume)
 240,000 ÷ 6,000 = 40 kg (volumetric weight)

** 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, C.O.D.)

Product Code Code du produit		Shipped To: Name and Address	Destinataire : Nom et adresse	Postal Code Code postal	No. of pieces Nombre d'articles	Weight Poids	Number of pieces per category Nombre d'articles par catégorie			Signature	C.O.D. Envoi CR	Declared value for coverage Valeur déclarée pour couverture	Total Fee Droit total	Optional Information Information optionnelle
1	926	1 William Johns 678 Any St Toronto ON	M5H 3C5	1	2.5				2	3	\$		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 Courier Postage Paid (prepaid). One item per line.
2	Delivery Confirmation, Signature, C.O.D.	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 Coverage)

Product Code Code du produit		Shipped To: Name and Address	Destinataire : Nom et adresse	Postal Code Code postal	No. of pieces Nombre d'articles	Weight Poids	Number of pieces per category Nombre d'articles par catégorie			Signature	C.O.D. Envoi CR	Declared value for coverage Valeur déclarée pour couverture	Total Fee Droit total	Optional Information Information optionnelle
1	1654	1 William Johns 678 Any St Toronto ON	M5H 3C5	1	2.5						\$		1 QQ NNN NNN NNN QQ	
2	1015										\$ 650		2 QQ NNN NNN NNN QQ	
3											\$		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 coverage: 1015 – Additional Coverage. One item per line.
2	Declared Value for Coverage	Enter the value of the Item being shipped, on line two.

Collect on Delivery

Product Code Code du produit		Shipped To: Name and Address	Destinataire : Nom et adresse	Postal Code Code postal	No. of pieces Nombre d'articles	Weight Poids	Number of pieces per category Nombre d'articles par catégorie			Signature	C.O.D. Envoi CR	Declared value for coverage Valeur déclarée pour couverture	Total Fee Droit total	Optional Information Information optionnelle
1	967	1 XYZ Corp. 456 First Ave. Halifax, NS	B5B V5V	1	5					2	\$		1 QQ NNN NNN NNN QQ	
2											\$		2	

Field	Field Name	Description
1	Product Code	Enter the appropriate product code: 1469 – Priority Courier, 908 – Xpresspost, 967 – Expedited Parcel, 966 – Regular Parcel. One item per line.
2	C.O.D.	Enter the total number of Items receiving C.O.D.
3	Item ID	Affix or record the reference Item ID number from the manual C.O.D. form.