



How to complete a Bulk Manifest

CANADA POSTES POST CANADA		Bulk Manifest (Domestic - International) See terms and conditions on reverse. This manifest is subject to audit. Areas shaded in yellow are MANDATORY. 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 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 (vendu à) client 1234567	4 Agreement No. / N° de convention 12345678	5 Site No. / N° du bureau	6 Date Year / Année: MM / M M / D J	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	10 Shipper's Postal Code / Code postal K1A0B1		For delivery confirmation: / Pour confirmation de la livraison: 1 888 550-6333 www.canadapost.ca www.postescanada.ca		11 Total No. of Postage Paid / Prepaid Items / Nbre total d'articles port payé / 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

+Mandatory Fields
 #Canada Post Fields

Field	Field Name	Description
1	Your Reference No.	Use the reference field as required, e.g., purchase order number (PO). 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 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, U.S. 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.



Specific Fields

1	2	Destinataire :	3	4	5	6	7	8	9	10	11	12	MANDATORY	OBLIGATOIRE	
Code de produit	Name and Address	Nom et adresse	Code postal	Nombre d'articles	Poids (kg)/VE	Oversize unpackaged	Mailing Tube	Delivery Confirmation	Signature	Declared value for coverage	Valueur déclarée pour couverture	Total Fee	Droit total	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). United States – 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 (VE)* 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

If 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)

Continuous / Acheminement continu Inbound Freight / de marchandise d'arrivée		Postal Code / Code postal		www.canadapost.ca www.postescanada.ca		Total No. of Postage Paid / Prepaid Items / Nbre total d'articles port payé / Articles prépayés					
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 (kg)/VE / 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 Affix or enter label number / Apposer l'étiquette ou inscrire l'identificateur	
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)

Continuous / Acheminement continu Inbound Freight / de marchandise d'arrivée		Postal Code / Code postal		www.canadapost.ca www.postescanada.ca		Total No. of Postage Paid / Prepaid Items / Nbre total d'articles port payé / Articles prépayés					
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 (kg)/VE / 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 Affix or enter label number / Apposer l'étiquette ou inscrire l'identificateur	
1654	1 William Johns 678 Any St Toronto ON	M5H 3C5	1	2.5				\$			1 QQ NNN NNN NNN QQ
1015	2							\$ 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 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.