

BOOKING ORDER

To: OOCL

We, the undersigned company, as booking party, have prepared this booking order and warrant that:

- a) we are the Shipper or we have full authority on behalf of the Shipper to make this booking;
- b) the information provided herein is true, accurate and complete and we understand that the information may be used for preparing bill of lading and declaration to the customs and relevant authorizations, and OOCL's reliance thereon is hereby acknowledged;
- c) we shall comply with all rules, laws and regulations of any national or local government and/or other authorities relating to Goods described below, including without limitation, any weight limit;
- d) we have read and agree with the terms and conditions of the Agreement which covers use of the internet facilities;
- e) we shall indemnify OOCL and hold OOCL harmless in respect of any liability, loss, damage or expense of whatsoever nature and howsoever arising which you may sustain as a result of our lacking authority to make this booking and/or any of the information provided herein being untrue, inaccurate or incomplete and/or non-compliance with (c) above and/or any breach of the warranty and undertaking made herein;

We understand that under no circumstance shall this booking order constitute a binding agreement to carry or for provision of carriage services by the Carrier. The Carrier may at its sole and absolute discretion at any time and without prior notice change the arrangement listed herein or make alternate arrangement. The actual provision of carriage service is subject to the availability of the Carrier's equipment, vessel, haulage and/or other means of transport and subject to the terms and conditions set out in OOCL's standard bill of lading.

PART A

Shipper (Complete name and address) <input style="float: right;" type="text" value="VAT#"/>		Forwarder (Complete name and Address) <input style="float: right;" type="text" value="VAT#"/>			
Tel: <input type="text"/> Fax: <input type="text"/>		Tel: <input type="text"/> Fax: <input type="text"/>			
Consignee (Complete name and address) <input style="float: right;" type="text" value="VAT#"/>		Your reference (please specify):			
Tel: <input type="text"/> Fax: <input type="text"/>		Rate / Service Agreements (SC / CSO):			
Intended Vessel / Voyage:		Port of Loading:	Port of Discharge:		
Intended Loading Date:		Split Disallowed (Y/N):	Exp. declaration (Y/N):		
From:	If Door <input type="checkbox"/>	Other Instructions:			
To:	<input type="checkbox"/>				
<small>If Door, submit also form QF009.</small>					
Qty & Container Size / Type	Commodity (short description)	Nature - General, DG, RF, AWK (Note 1)	Traffic Mode - F/F, F/L, L/F, L/L (Note 2)	Cargo Weight	Shpr Owned Cntr
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

(Use separate sheet to continue above if more entry)

Note 1: RF - Fill up also PART B mandatory only for RF.

DG - Fill up also PART C mandatory only for DG. Also submit QF012 Intermodal Dangerous Goods Form.

Note 2: LCL - Fill up also PART D on LCL package information mandatory only for LCL/LCL, LCL/FCL .

AWK- Fill up also PART E mandatory only for Awkward cargo.

PART B - For RF

RF booking information. Mandatory only for RF booking.

Emergency Contact Name & Phone No.	Export: <input type="text"/> Import: <input type="text"/>	Remarks: <input style="width: 95%;" type="text"/>
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Qty & Container Size / Type	Temperature Setting in Degree Celsius (C) or Fahrenheit (F)	Ventilation (not in a fraction or percentage)	Genset Type (specify if not Clip-On)	Modified Atmosphere (MA) / Transfresh (CA)	If Sensitive Cargo Select 1, 0r 2 Or 3 1- Blood Plasma 2- Ice Cream 3- USDA	De-humidity 0 - 100%	Advanced Fresh Air Management (AFAM) 0 -100% co ² o ²
				MA <input type="checkbox"/> CA <input type="checkbox"/>			
				MA <input type="checkbox"/> CA <input type="checkbox"/>			
				MA <input type="checkbox"/> CA <input type="checkbox"/>			
				MA <input type="checkbox"/> CA <input type="checkbox"/>			
				MA <input type="checkbox"/> CA <input type="checkbox"/>			

PART C - For DG (IMPORTANT NOTE: Should there be any change to be made to this section or any information in this Booking Order be found to be inaccurate, false or incomplete, a handling / Administration fee shall be payable to OOCL for any amendment made, together with any and all direct, indirect and/or consequential cost, expenses, loss or damage incurred as a result.)

For DG information. Mandatory only for DG booking. *Denotes mandatory.

Emergency Contact Name & Phone No.	Export: Import:	Remarks:	
*Qty & Container Size / Type:	*Proper Shipping Name (PSN):		*UN Number:
Technical Name / Chemical / Pesticide Name:	Chemical Concentration (Mandatory for Pesticides, Acids and selected chemicals):		IBC / LP Code if applicable:
*Outer Package:	Inner Package:		
*Gross Weight:	*Net Weight:	Net Explosive Wt for IMO Class1:	
Flash point:	Control Temperature/ Emergency Temperature/ SADT: / /		Carriage Temperature (if RF):
Poison Inhalation Hazard Zone (A/B/C/D):	Residue Last Contained if Tank <input type="checkbox"/> Waste <input type="checkbox"/> Limited Quantity <input type="checkbox"/> Elevated temperature <input type="checkbox"/>		
MPA Group: (I / II / III):	Emergency Procedures (EmS):	Emergency Response Guidebook (ERG):	ERAP Number (For Canada):
If fumigated. Fumigant:		Dosage:	
On Date:			
If Class 7. Name:	Physical form:	LSA/SCO:	
Package category:	Package type:	Specific Activity:	Specific Activity Units:
Radiation @ surface:	Radiation @ 1 metre:	Fissile (Y/N):	Exclusive Use (Y/N):
Transport Index From:	To: Max.	C.A.A. number:	Export license:

PART D - For LCL

LCL information. Mandatory only for LCL/LCL, LCL/FCL

No. & Type of package	Commodity (short description)	Cargo Weight	Cube (M3)

PART E - For Awkward cargo

Quay / Quay	Commodity (short description)	Cargo Weight	L	W	H

Signed:

Name:

Date:

Signatory is held out as having the authority of the Company, which is also bound by completion and signing of this form.

[Company Name & Address:

VAT#

[

]

Tel nr:

[

]

Fax nr:

[

]

Email Address:

**OOCL Contact : Shweta Amin Tel nr: 91 22 56511161 Fax nr: 91 22 56511199
: Milton Fernandes Tel nr: 91 22 56511162 Fax nr: 91 22 56511199**

For OOCL internal use only - Booking No.:

BKG Status:

Approval Ref: