

**To: OOCL**

We, the undersigned company prepared this document declares that the information provided is accurate and true to the best of our knowledge for the creation of our Bill of Lading which is subject to the BL terms & conditions. We shall comply with all rules, laws and regulations of any national or local government and/or other authorities relating to cargo weight limit and shall indemnify OOCL for any liability, loss, damage or expenses of whatsoever nature as a result of any non-compliance.

SHIPPER/EXPORTER (COMPLETE NAME AND ADDRESS)		VAT#	BOOKING NO.	CUSTOMS ENTRY / REF.	
CONSIGNEE (COMPLETE NAME AND ADDRESS)		VAT#	EXPORTER'S REG. NO.		
NOTIFY PARTY (COMPLETE NAME AND ADDRESS)		VAT#	FORWARDING AGENT - REFERENCE		VAT#
(Use separate sheet to continue if more Notify party.)		TYPE OF BL		No. of Original	No. of Copy
PRE-CARRIAGE (EX VESSEL)		PLACE OF RECEIPT	<input type="checkbox"/> Original		
INTENDED VESSEL/VOYAGE		PLACE OF DELIVERY	<input type="checkbox"/> Sea Waybill		
PORT OF LOADING		PORT OF DISCHARGE	INTERNET BL REQ'D (Y/N)		BL DRAFT CFMN (Y/N)
			FREIGHT <input type="checkbox"/> Prepaid by:		
			<input type="checkbox"/> Collect by:		
			CHARGES <input type="checkbox"/> at Origin payable by:		
			<input type="checkbox"/> at Destination payable by:		
			OTHER / SPECIAL INSTRUCTION(S):		
			CY <input type="checkbox"/> Door <input type="checkbox"/> CFS <input type="checkbox"/>		
			CY <input type="checkbox"/> Door <input type="checkbox"/> CFS <input type="checkbox"/>		

PER CNTR - CONTAINER NO. / SEAL NOS. / MARKS & NUMBERS	NO. OF PACKAGE/CNTR	DESCRIPTION OF GOODS ( include HTS code if applicable )	CARGO GROSS WEIGHT/CNTR	CARGO CUBIC (M3)	CNTR GROSS WT/CNTR

(Use separate sheet to continue above if more entry)

**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.

**Tel nr:** \_\_\_\_\_

**Fax nr:** \_\_\_\_\_

**[Company Name & Address:** \_\_\_\_\_ ]

[ \_\_\_\_\_ ]

[ \_\_\_\_\_ ]

[ \_\_\_\_\_ ]

[ \_\_\_\_\_ ]

**OOCL Contact: Harindran Valapil ( bbytemp1@oocl.com )      Tel nr:      Fax nr: 91 22 56511199**

For OOCL internal use only -      Verification      Rating      OCR/INPUT      QC1      QC2