

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.	
			EXPORTER'S REG. NO.		
			FORWARDING AGENT - REFERENCE		VAT#
CONSIGNEE (COMPLETE NAME AND ADDRESS)		VAT#	TYPE OF BL		No. of Original
			<input type="checkbox"/> Original		
			<input type="checkbox"/> Sea Waybill		
NOTIFY PARTY (COMPLETE NAME AND ADDRESS)		VAT#	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:		
PRE-CARRIAGE (EX VESSEL)		PLACE OF RECEIPT	OTHER / SPECIAL INSTRUCTION(S):		
INTENDED VESSEL/VOYAGE		PLACE OF DELIVERY			
PORT OF LOADING		PORT OF DISCHARGE			

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 : matteo.travagli@oocl.com : tomaso.bottaro@oocl.com Tel nr: 390108598322 Tel nr: 390108598316 Fax nr: 390108598333 Fax nr: 390108598333

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