

## MULTIMODAL DANGEROUS GOODS FORM

(SOLAS 74, Chapter VII, regulation 4 and MARPOL 73/78, Annex III, regulation 4.)

To: OOCL

We, the undersigned company, hereby warrant and guarantee that the information provided hereunder is true, accurate, correct and complete, failing which may lead to your rejecting the container for shipment. We understand that the information may be used for preparing bill of lading and submission or declaration to Customs and other relevant authorities. OOCL's reliance on the information is hereby acknowledged. We understand and agree that failure to provide true, accurate and complete information may result in delay, other damages and/or fines, and that any such damages and/or fines shall be our sole responsibility and liability. We shall indemnify OOCL and hold OOCL harmless in respect of any liability, loss, damage or expense which you may sustain as a result of any mis-declaration or false, inaccurate, incorrect or incomplete declaration.

Shipper / Consignor		Transport document number						
				Shipper's reference				
Emergency contact			Freight forwarder's reference					
(with international acc								
Consignee				Carrier (to be completed by the carrier)  Additional handling information:				
Vessel name and vo	yage			!				
Place of receipt		Port of Loading						
Port of Discharge		Destination		Placards/Signs:				
IMPORTANT NOTE: You must specify LIN number proper chir		ber, proper shipping name	me class or division and packing group (whe		ere assigned) marine pollutant and observe the mandatory requirements			
under applicable national and	international gove	rnmental regulations.				0230170 116		
Shipping Marks	No. and ki	nd of packages; de PSN, Cla	escription of goods ass, PG)	s (UN No.,	Gross Mass (kg)	Net Mass (kg)	Cube (m3)	
Cantainas (Vahiala IV.	Container		separate sheet to co	ntinue above				
Container/Vehicle No. Container Size/Type			Seal No.		Tare Mass (kg)	Total gross incl. Tare (kg)		
_			proper condition for transport according to the applicable international and national governmental regulations.					
Name of company			Name of Company					
Name of Declarant			Name of Declarant					
Date and Place			Date and Place					
Signature of Declarant			Signature of Declarant					
OOCL Contact:	maria.teres	sa.surace@oocl	Tel nr:+390108	3598321	Fax nr:			
For OOCL interna	l use only -	-						
QF012 HQD 9/05								