

# FUMIGATION REQUEST FORM

**To: OOCL**

We, the undersigned company herewith:

- a) request for and authorize OOCL to arrange fumigation on our behalf;
- b) declare that the information provided below is accurate and true to be our best knowledge and do not hold you liable due to any inaccurate information being provided.
- c) undertake to pay any related charges or that are not paid or defaulted by 3rd party, if named below.

*Complete one form for each booking or BL number for smooth processing - \* Denotes mandatory.*

1. \*Svc/Vsl/Voy/Dir

2. \*Booking/BL no.:

**Fumigant Required:**

3. *Container No.	*Commodity (short description)	Methol Bromide	Vikane	Phostoxin	Other (please specify)

*Use separate sheet to continue above for additional lines.*

3. Name to be listed on Fumigation Certificate:

4. Certificate Mail to Address / Fax to number:

5. Remarks / Additional Requirement:

<b>Signed:</b>	<b>Name:</b>	<b>Date:</b>
<i>Signatory is held out as having the authority by the Co. which is also bound by this obvious authority.</i>		
<b>[Company Name &amp; Address:</b>		
<b>Tel nr:</b>		
<b>Fax nr:</b>		

**OOCL Contact: otwlefrm@oocl.com Tel: 2-23212121 Fax: 2-23951732**

*For OOCL internal use only -* Gate in gate / out deadline: