

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.:

3. *Container No.	*Commodity (short description)	Fumigant Required:			
		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:

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

OOCL Contact: _____ **Tel nr:** _____ **Fax nr:** _____

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