

SHIPPER'S OWN CONTAINER DECLARATION

Notice to customer: For any shipment for which the container(s), shipper's own container ("SOC"), is packed and supplied by the Merchant, the Merchant is required to complete and return this declaration form to OOCL before delivering the shipment to OOCL. Capitalized Terms not defined herein shall have the meaning given to them in OOCL's standard bill of lading.

To: OOCL

*Denotes mandatory:

We, the undersigned company, on our behalf and on behalf of the Merchant, hereby:

- a) warrant and guarantee that the information contained herein is true, accurate and complete, failing which may lead to you rejecting the shipment. We understand that the information may be used for preparing bill of lading, submission or declaration to Customs and relevant authorities. 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. OOCL's reliance on the information is hereby acknowledged;
- b) declare and certify that the SOC listed below meets all the applicable IMO Container Safety Convention, ISO and/or other applicable national or international safety standards ("the Applicable Rules") and is fit in all respects for carriage of the Goods by the Carrier; and
- c) undertake to indemnify you and/or the Carrier and hold you and/or the Carrier harmless in respect of any liability, loss, damage or expense of whatsoever nature which you and/or the Carrier may sustain as a result of any false, inaccurate or incomplete information provided herein and/or any breach/violation of the Applicable Rules.

We further agree that this declaration and any undertaking and/or indemnity contained herein shall be construed and governed in accordance with English law.

*Booking No.:			
*Shipper's Own Container Inf	ormation:		
Prefix / Number / Suffix			
(full string and indicate space by undersc	ore) Size / Type	ISO Code	Owner or Lessee Name & Address
Use separate sheet to continue above	for additional lines.		
_			
gned:	Name:		Date:
natory is held out as having the authorion many, which is also bound by completed	ty of the [Company tion and r	Name & Add	dress:
ning of this form.	[
l nr:	l r		
x nr:	l I		
<u> </u>	L		
OCL Contact :	Tel nr: 358-9-4	2428032	Fax nr·
	Tel nr: 358-9-4	2428032	Fax nr:
	Tel nr: 358-9-4	2428032	Fax nr:
kka.vaisanen@oocl.com		2428032 Pick Up Loca	
OCL Contact : kka.vaisanen@oocl.com or OOCL internal use only - POR: FND:	:		ation: