



We take it personally

# INBOUND SERVICE AMENDMENT / CHANGE REQUEST FORM

To: OOCL

We, the undersigned company, on our behalf and on behalf of the Merchant hereby request the inbound service be changed as stated in the form below. Capitalized Terms not defined herein shall have the meaning given to them in OOCL's standard bill of lading. We declare and warrant that we have full authority of the Merchant to make this request. We understand that OOCL shall have the sole and absolute discretion not to accept this request and the actual provision of carriage service is subject to the availability of the Carrier's equipment, haulage and/or other means of transport and subject to the terms and conditions set out in OOCL's standard bill of lading. In consideration of your complying with this request, we agree and undertake as follows:

- a) to be responsible solely for any and all consequence, risk and liability associated with, in connection with or incident to the changes requested and we shall indemnify OOCL and hold OOCL harmless in respect of any liability, loss, damage or expense which you may sustain as a result thereof;
- b) to pay and/or reimburse OOCL for any additional freight, charges, expenses and/or fees in relation to the changes as per OOCL's standard tariffs and rates;
- c) to provide all the necessary documents as may be required by OOCL from time to time.

**Amendment / Change - \*Denotes mandatory** **Request must reach OOCL contact two days prior to vessel arrival at Port of Discharge.**

\*Svc/Vsl/Voy/Dir:

\*B/L no.:

Check applicable amendment item and supplement detail in 'Detail Box'.

Item	Change To ( specify new value )
<b>Customs Clearance Location</b> (Change in North America is subject to AAM fee)	
<b>Haulage</b> ( Carrier or Merchant )	
<b>Delivery Location / Appointment</b> (If it leads to Change of Destination, QF004 COD form is required.)	
<b>Delivery Status</b> ( CY or CFS )	
<b>Delivery</b> (Normal or Hot delivery. NOT applicable in North America)	
<b>Notify Party</b> (name & address)	
<b>Cancel I.T.</b> (for North America. Requester must be pre-approved for local clearance and change is subject to AAM fee)	
<b>Others</b> ( specify )	

Detail Box:

**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.*

**[Company Name & Address:** \_\_\_\_\_ ]

[ \_\_\_\_\_ ]

[ \_\_\_\_\_ ]

**Tel nr:** \_\_\_\_\_ [ \_\_\_\_\_ ]

**Fax nr:** \_\_\_\_\_ [ \_\_\_\_\_ ]

**OOCL Contact: nzcsv@oocl.com** **Tel nr: 0800 6625 69** **Fax nr: 09 355 7899**

*For OOCL internal use only -* Bank guarantee produced (Y/N): OBL returned ( Y/N):

Document outstanding: