

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 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 - * Denote	es mandatory		ust reach OOCL contact two days prior rrival at Port of Discharge.
Amendment , Ghange - Denote	co mandatory	to vesser a	inval at Fort 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)			
Customs Clearance Location (C is subject to AAM fee)	Change in North America		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Haulage (Carrier or Merchant)			
Delivery Location / Appointment Destination, QF004 COD form is required. Delivery Status (CY or CFS)			
Delivery (Normal or Hot delivery. NOT a America)	applicable in North		
Notify Party (name & address)			
Cancel I.T. (for North America. Reques approved for local clearance and change is			
Others (specify)			
Detail Box:			
Signed: Signatory is held out as having the authority of	Name: of the [Company Nar	ne & Addre	Date:1
Company, which is also bound by completion signing of this form.	and [j]
Tel nr: Fax nr:	[[]
OOCL Contact: sydbkg@oocl.com	Tel nr: 136625		Fax nr: 02 89188800
For OOCL internal use only -	Bank guarantee pro	, ,	OBL returned (Y/N):
QF008 HQD 9/05			