

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:

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: pkgimpcs@oocl.com	Tel nr:	Fax nr:
	603-79695377 (PJ)	603-79543687 (PJ)
	603-31767343 (PKG)	603-31767469 (PKG)

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