

To :

Date(dd/mm/yyyy)

1. Applicant's Name and Address

2. Shipper's Name and Address

Contact Person
 Telephone Number
 Email Address
 Fax Number

Contact Person
 Telephone Number
 Email Address
 Fax Number

3. Consignee's name and address

4. Notify Party Name & Address (if any)

5. Name of Vessel and Voyage No/ Airline and Flight No:

6. Port of Loading:

7. Port of Discharge:

8. Bill of Lading No/Air Waybill No:

9. Place of Issue

10. Date of Issue (dd/mm/yyyy)

11. Place of Receipt:

(applicable for Combined Transport Bill of Lading/Air Waybill)

12. Place of Delivery

(applicable for Combined Transport Bill of Lading/Air Waybill)

13. Details

Marks and Numbers/Container Number	Number and kind of Packages/ Description of Goods (please give brief description)	Gross Weight	Measurement

(Above particular are as contained in the original bill of lading/transport documents)

14. Applicant's Authorisation and Declaration

a) I/We request you to:

- Countersign two original copies of the attached indemnity ("Indemnity") signed by me/us and addressed to the Carrier and the return one original copy to me/us and retain one original copy for your files
- Endorse on the attached Air Waybill / Bill of Lading to enable me/us to take possession of the goods from the Carrier.

b) I/We represent to you that the information set out in this Application Form and the information in each documented specified in this Application Form are true and accurate.

c) I/We confirm that the value of the above mentioned goods does not exceed the sum of

d) I/We declare that I am/we are the rightful owner of the goods described above and that the Bill of Lading / Air Waybill as specified above has not arrived.

e) I/We agree to be bound by the general and standard terms and conditions of the agreement as you may provide to me/us (or as agreed between us) from time to time.

15. Authorised Signatory/ies (Name of Signatory/ies,Date, Signature, Company Stamp, wherever applicable)