APPLICATION FORM FOR THE ISSUE OF LOADING CERTIFICATES

**** PLEASE FILL IN WITH CLARIFIED INFORMATION & SEND WITH SHIPPING LINE BILL OF LADING -DOCUMENTO UNICO - COMMERCIAL INVOICE ****

IMPORTER			
01. NAME:			
02. ADDRESS:			
03. E-MAIL:		TELEPHONE:	
04. TAXPAYER NUMBER/NIF:			
SHIPPER			
05. NAME:			
06. ADDRESS:			
07. E-MAIL:		TELEPHONE:	
08. TAXPAYER NUMBER/NIF/VAT:			
NOTIFY (Please fill in if different from Consignee)			
09. NAME:			
10. ADDRESS:			
11. E-MAIL:		TELEPHONE:	
12. TAXPAYER NUMBER/NIF/VAT:			
FORWARDING AGENT			
13. NAME:			
14. ADDRESS:			
15. E-MAIL:		TELEPHONE:	

INVOICE and DOCUMENTO UNICO DETAILS

16. INVOICE Nº:			
17. INVOICE TOTAL AMOUNT:			
18. CURRENCY:		INCOTERM:	
19. DOCUMENTO UNICO N°:			

SHIPMENT DETAILS

20. BILL OF LADING Nº:
21. SPECIFIED SHIP & VOYAGE N°:
22. SHIPPING LINE:
23. LOADING PORT:
24. DESTINATION PORT:
25. DATE OF LOADING- ETS:
26. ESTIMATED TIME OF ARRIVAL - ETA :
27. GROSS WEIGHT (KGS):

MODE of TRANSPORT

· CONTAINER TYPE: 10'-20'-40'-45' · RO-RO · BULK	· CONTAINER N° · CHASSIS N°	· CONTAINER SEAL N°	CBM as per B/L or packing list	SPECIFIY IF: · SOC · GROUPAGE	GROSS WEIGTH (TONS)	N° of PACKAGES as per B/L	SEA FREIGHT AMOUNT

GOODS DESCRIPTION and DETAILS

HS CODE (8 DIGITS) to match with DU	DESCRIPTION OF GOODS	IMO CLASS:	GROSS WEIGHT (TONS)	GOODS VALUE	N° of PACKAGES as per HS CODE	COUNTRY OF ORIGIN/MADE IN