

MSC IMDG APPLICATION FORM

New Vision

Vessel's Name/Voyage Number: _____

Discharging port: _____ Destination: _____

Proper Shipping Name: _____ Flash Point: _____

Class: _____ Unno. _____ Subsidiary Risk Label: _____

Number/type of Packages: _____ MP(Marine Pollution): _____

Net Weight: _____ Gross Weight: _____

Emergency Call: _____

<u>Shipper's Name</u>	
Contact Person	
Address	
City/Country	
Tel/Fax/E-mail	

<u>Consignee's Name</u>	
Contact Person	
Address	
City/Country	
Tel/Fax/E-mail	

<u>Notify Party's Name</u>	
Contact Person	
Address	
City/Country	
Tel/Fax	

<u>Stuffing's Name</u>	
Contact Person	
Address	
City/Country	
Tel/Fax	

Please fill in this format in English properly and provide "IMDG container packing certificate" together with "Exit IMDG Packing of Transportation Performance inspection certificate" for us to settle relevant arrangement.

Cargo agent: _____ Pic/Tel: _____

E-mail address: _____

Shipper's signature with stamp