

HAZ CARGO BOOKING REQUIREMENT.

SHIPPERS NAME:
ADDRESS / ZIP CODE:
TEL NO/ FAX NO:
CONTACT PERSON:

VESSEL/VOYAGE:

POL/POD:

MODE/EQUIPMENT: **SEA / CONTAINERS**

UN NO:
IMO CLASS:
IMDG PAGE:

FLASHPOINT:

PROPER SHIPPING NAME OF COMMODITY / TECHNICAL NAME: GLACIAL ACETIC ACID

TYPE OF PACKAGES / NO. & NET/GROSS KG:
NT. WT: GROSS WT :

MP (Marine Pollutant):

EMERGENCY CONTACT & TEL.NO:

CONSIGNEE NAME, ADDRESS & TEL/ FAX/ CNT PERSON/ZIP CODE:

NO OF CONTAINER :

STUFFING CONTRACTOR NAME: M. JASRAJ & BROS.
ADDRESS/ZIP CODE:
TEL NO/ FAX NO: 24157600
CONTACT PERSON: Mr. SUNIL JASRAJ

REQUEST YOU TO KINDLY FILL IN ALL CORRECT & ACCURATE DETAILS TO ENABLE US TO
SERVE YOU BETTER.