

MINISTÉRIO DOS TRANSPORTES CONSELHO NACIONAL DE CARREGADORES

APPLICATION FORM FOR THE ISSUE OF LOADING CERTIFICATES

** PLEASE FILL IN WITH CLARIFIED INFORMATION & SEND WITH SHIPPING LINE BILL OF LADING AND INVOICE **					
IMPORTER					
1. NAME					
2. ADDRESS:					
3. TAXPAYER NUMBER:					
EXPORTER					
4. NAME:					
5. ADDRESS:					
6. FORWARDING AGENT:					
7. BILL OF LADING Nº:					
8. WEIGHT AND M ³ MEASURE AS PE	R B/ L:				
9. INVOICE AMOUNT:	10. CURRENCY:	11. INVOICE №:			

VESSEL DETAILS				
12. SPECIFIED SHIP & VOYAGE:				
13. SHIPPING LINE:				
14. LOADING PORT:				
15. DESTINATION PORT:				
16. DATE OF LOADING:				
17. ESTIMATED TIME OF ARRIVAL :				

MODE OF TRASNPORT							
FT	CONTAINER №	BULK	WEIGHT	PACKAGES	FREIGHT		

DESCRIPTION OF GOODS			GOODS DETAILS			
GOODS	HS Code	Value	Weight	Quantity	Country of Origin	Made In