Multimodal Dangerous Goods Form

1 Shipper/Consignor/Sender (full style address is mandatory)		2 Transport document number			
			4 Shipper's reference		
			5 Freight Forwarder's reference		
6 Consignee		Carrier:			
		× I	MAERS	K LINE	
		SHIPPER'S DECLARATION I hereby declare that the contents of this consignment are fully and accurately described below by the proper shipping name, and are classified, packaged, marked and labelled/placarded and are in all respects in proper condition for transport according to the applicable international and national government regulations.			
8 This shipment is within the limitations prescribed for:		9 Additional handling infor	mation		
PASSENGER AND CARGO	CARGO ONLY	1			
10 Vessel and Voyage number	11 Port of loading	1			
12 Port of discharge	13 Destination	1			
14 Shipping Marks *Number and	kind of packages; description of good	ls	Gross mass (kg)	Net Mass	Cube(m3
Proper Shipping Name :			Gross muss (kg)	1.00 10005	
Technical name :					
Packaging type (Outer) v (if outer packing is carton inner packing)	vith quantity : as it is mandatory to specify	number & type of			
IMO class : UN number : Packaging group : Marine Pollutant : Sub risk (if any) : Flashpoint : EMS Code : IMO Label : MFAG Number: Emergency Contact perso Limited Quantity : Poisonous inhalation haza Notes :		if amy required			
Tieldy marked in Ted are man	atory to mi. Rest as per conditions	n any required.		Total cube (m3)	
Other Details				· · · · · · · · · · · · · · · · · · ·	*
15 Container identification no.	16 Seal number(s)	17 Container size & type	18 Tare mass (kg)	19 Total gross (incl. t	tare) (kg)
CONTAINER PACKING CERTIFICATE I hereby declare that the goods described above have been placed/loaded into the container/vehicle identified above in accordance with the applicable provisions. **MUST BE COMPLETED AND SIGNED FOR ALL CONTAINER/VEHICLE LOADS BY PERSON RESPONSIBLE FOR PACKING/LOADING		21 RECEIVING ORGANIZATION RECEIPT Received the above number of packages/containers/trailers in apparent good order and condition, unless stated hereon: RECEIVING ORGANIZATION RE-MARKS:			
20 Name of company(stamp & signature are mandatory)		Haulier's name	22 Name of company (OF SHIPPER PREPARING THIS NOTE) (stamp & signature are mandatory)		
Name/status of declarant		Vehicle reg no.	Name/status of declarant		
Place and date		Signature and date	Place and date		
Signature of declarant		DRIVER'S SIGNATURE	Signature of declarant		
	name, hazard class, UN No., Packag tional and international governmental Code see 5.4.2.				ry