

FORM FINAL LOADING DETAILS
EXPORTER REF NUMBER:
Attention: TEL: 021 526 3400 FAX: 021 526 3451

Name and Address of Consignee:.....

Name of Vessel and Voyage Number:.....
 Sailing Date:.....Loading Date:.....

Name of Country of Destination:.....
 Port of Discharge:.....

Name and Address of Consignor:.....

PRODUCT DESCRIPTION	ESTABLISHMENT NUMBER	NUMBER OF CARTONS	NET WEIGHT	CONTAINER NUMBER	SEAL NUMBER	INSPECTION REF NUMBER

Completed by (Print):..... Date:.....
 Signature:.....
 Company:.....Tel:.....