

CARGO INFORMATION SHEET

Date: , ,2014

Applicant

Name of	
company	
Address	

**Goods
&
Packing**

Goods (In the case of raw material, For use.) unit price & Shipment Amount	P.I.C.	
	TEL NO.	
	FAX NO.	
	Packing <input type="checkbox"/> (Carton Box) <input type="checkbox"/> (Wooden Case) <input type="checkbox"/> (Crate) <input type="checkbox"/> (Steel Drum) <input type="checkbox"/> (Fiber Drum) <input type="checkbox"/> (Paper Bag) <input type="checkbox"/> (Poly.Cloth Bag) <input type="checkbox"/> (Bale) <input type="checkbox"/> (Bundle) <input type="checkbox"/> (Fragile items)	

Countries

(For insurance arrangements)

Export to		Import from	
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Transportation

<input type="checkbox"/> Container(FCL or CY Cargo) <input type="checkbox"/> Conventional ship <input type="checkbox"/> Airmail <input type="checkbox"/> Automobile carrier <input type="checkbox"/> Consolidation(LCL or CFS Cargo) <input type="checkbox"/> By air <input type="checkbox"/> Others()
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Trade Amount

Annual Trade Amount	Export CIF C&I		Import FOB C&F	
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Present

	Annual Premium	Terms of Condition	Marine + War & SRCC	Total
		ICC(A) <input type="checkbox"/>	% %	%
		ICC(B) <input type="checkbox"/>		
		ICC(C) <input type="checkbox"/>		

Damage

<input type="checkbox"/> Nil	<input type="checkbox"/> Ever	Kind of damage :	Amount :
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Apply form

<input type="checkbox"/> single <input type="checkbox"/> OP <input type="checkbox"/> web <input type="checkbox"/> Excel <input type="checkbox"/> others

9.Condition

OP(Original / Copy) 1 Org - 2 Copies	Payment Terms C.O.D/D/A(sight: days) <input checked="" type="checkbox"/> E.T.D	OP Effective date	Male address
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10.Remarks

Condition	RATE	Sea	Air	W/SRCC	Total	P.I.C.
						Signature