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DOCK RECEIPT AND VERIFIE	GROSS MASS (VGM) STATEMENT
SHIPPER/EXPORTER:	BOOKING #
	SHIPPER REFERENCE: PNG REFERENCE:
EMPTY PICK UP:	SPECIAL CLAUSES: **LOADING SCHEDULE**
RETURN TO:	ANY QUESTIONS, PLEASE CONTACT PNG @ (717) 626-1107 X 2
	PLACE OF RECEIPT:
*PLEASE CALL TERMINAL BEFORE PICKING UP A	D/OR DELIVERY CUT-OFF DATE:
RETURNING EQUIPMENT TO VERIFY AVAILABILIT	CARRIER:
VESSEL AND VOYAGE:	PORT OF LOADING:
PORT OF DISCHARGE:	PLACE OF DELIVERY:
DESCRIPTION OF GOODS:	
	SEAL #
No. HANDLING UNITS:	
TOTAL PIECES:	
TOTAL GROSS CARGO WEIGHT: (KGS) _	(LBS)
DUNNAGE WEIGHT: (KGS)	(LBS)
CONTAINER TARE WEIGHT: (KGS)	(LBS) (FROM BACK SIDE DOOR OF CONTAINER)
	(LBS)
METHOD 1 (BY WEIGHING LOADE	CONTAINER AFTER CONTAINER IS COMPLETELY PACKED)
METHOD 2 (BY CALCULATION: TC	AL WEIGHT OF ALL CARGO PLUS CONTAINER TARE WEIGHT)
SHIPPERS AUTHORIZED CONTACT:(PRI	Т NAME)
SIGNATURE OF SHIPPERS AUTHORIZED	CONTACT:
SUBMISSION DATE:	
evaluated carefully and according to the requirements of the	signature provided in the statement) hereby certifies, that the above mentioned shipment details have been ernational Convention for the Safety of Life at Sea (SOLAS); as they have been published
Amendments, updates and/ or corrections to the verified wei, We understand and confirm that missing, incorrect and/ or be	fied Gross Mass statement contains the VGM amount per container (for FCL cargo). ts have to be communicated and submitted to the responsible Ocean Freight department immediately. ted VGM statements may result in non-acceptance of the shipment by the vessel hedule. Any additional cost caused by delay due to non-acceptance of the shipment gned above).
DELIVERED BY:	Received the above described goods or packages subject to all the terms of the
	undersigned's regular form of dock receipt and bill of lading which shall constitute the
ARRIVED/ DATE: TIME:	contract under which the goods are available from the carrier on request and may be
UNLOADED/ DATE: TIME:	DRIVER'S SIGNATURE/PRINT NAME: