



**POINT LISAS INDUSTRIAL PORT DEVELOPMENT CORPORATION LIMITED
REQUEST FOR EXPORT OF BREAK BULK CARGO**

SHIPPER / EXPORTER: _____

EMAIL ADDRESS: _____

CONTACT: _____

AGENT: _____

VESSEL: _____ VOYAGE: _____

ETA: _____ DESTINATION: _____

BOOKING #: _____ BILL OF LADING #: _____

TYPE OF CARGO / DESCRIPTION: _____

QUANTITY: _____ WEIGHT: _____

HAULAGE COMPANY: _____

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

CARGO HANDLING

CARGO HANDLING			
DESIGNATION	PRINT NAME	SIGNATURE	Date

SECURITY SERVICES

SECURITY SERVICES			
DESIGNATION	PRINT NAME	SIGNATURE	Date