

Shipping application

Date:

To:	
VESSEL / DATE	at Limassol on:
SHIPPER	
CONSIGNEE	
NOTIFY	
LOADING PORT	
DESTINATION PORT	
FREIGHT TERMS:	Prepaid () - Collect ()

CONTAINER Nos/ Marks & Nos	Nr. Pkgs	DESCRIPTION OF CARGO	G.WEIGHT / VOLUME

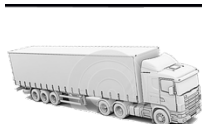
PLEASE ISSUE ORIGINAL & COPY BILLS OF LADING.

We accept the terms and conditions of the B/Lading printed and/or stamped and or typewritten.

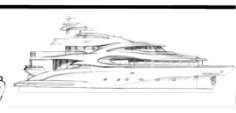
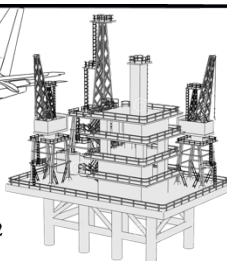
Cargo insurance

- () I wish my cargo to be insured.
- () I do not wish to insure my cargo. I understand that in case of damages Salamis Shipping will not be responsible to cover the financial losses.

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SHIPPER'S SIGNATURE



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Paroutis Bldg, 3rd Floor
3045, Limassol, Cyprus
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