

CONSIGNEE & NOTIFY FORM

Please complete and return this form at least 48 hours (Wednesday) prior to cargo Cut Off to the to, jax-sas@hamburgsud.com

(ALL FIELDS ARE REQUIRED)

BOOKING NUMBER:

VESSEL / VOYAGE:

CONSIGNEE NAME:
(Complete)

CONSIGNEE ADDRESS:

CONTACT NAME:

CONTACT PHONE NUMBER:

CONTACT EMAIL ADDRESS:

CONSIGNEE TAX ID#:

NOTIFY PARTY ADDRESS:
(Complete)

NOTIFY PARTY TAX ID#:

COMMERCIAL REGISTER & DIGITAL RIF MUST BE COMPLETED AND RETURNED TOGETHER WITH THIS FORM

Please submit with Subject Line Consignee Info and your booking number
Please be advised if information is not received timely your booking could possibly roll