BOOKING REQUEST		X MAERSK LINE					Fax: 84-8-8238583		
Shipper/Exporter (complete name and address)							Attn :		
	•								
Consignee (complete name and address)		Inform	nation Con	itact					
Notify Party (complete name and address)		2nd Notify Party (complete name and address)							
Feeder Name Voy No		Service	e Contract	t Number					
·									
ETD HO CHI MINH		HS6 Cd	ode_						
		ļ.,							
DESTINATION		Specia	l Remark	on Routing	g (if any)				
	CARGO PAR	TICULAR	FURNISH	ED BY SHI	PPER	ı	1	1	
Description of goods		E	EQUIPMEN	IT PARTIC	ULAR	TOTAL	SIZE	TYPE	
<u>Reefer</u>									
Temperature Setting									
<u>Humidity</u>									
Other Requirement									
					TOTAL:	О	0	0	0
Payment Terms		Bookin	ng Confirm	nation Deli					
		To:							
<u>Prepaid at</u>		Fax:							
<u>Collect at :</u>		Phone	:						