| Shipper's Reference | Date |
|---|---|
| | |
| **Shipper Contact Name** | **Phone Number** |
| | |
| **Shipper Contact E-mail** | |
| | |
| **Panalpina Booking Reference** | **UTN** |
| | |
| **Panalpina contact** | **Phone Number** |
| | |
| **Panalpina Contact E-mail** | |
| | |

PANALPINA
on 6 continents

| Shipper's Name & Address |
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Clear Booking Details

* = Completion Mandatory

| Place of Receipt | Place of Delivery |
|---|---|
| | |
| **Port of Loading** | **Port of Discharge** |
| | |
| **Intended Vessel Name** | **Voyage Number** |
| | |
| **ETD PoL** | **ETA PoD** |
| | |
| **VGM Cut-Off Date** | **VGM Cut-Off Time** |
| | |

# Container Verified Gross Mass (VGM) Declaration

In order to have the Containers loaded on board of a sea-going vessel, PA will be required to declare the VGM to the Shipping Company. The VGM has to be obtained by one of the permissible methods pursuant to the IMO Guidelines regarding the VGM of a Container Carrying Cargo (MSC.1/Circ. 1475) and the applicable local regulations of the State of the loading port (hereafter the "Regulatory Requirements"). Additional information on the Regulatory Requirements, if needed, can be obtained from the above captioned Panalpina contact. PA will be relying on this accompanying document issued by the Shipper when communicating the VGM to the Shipping Company. This accompanying document needs to be provided to PA before the expiry of the VGM Cut-Off Date and Time indicated above in order to ensure loading on board of the currently planned vessel. PA shall be entitled to forward this document and / or the data provided therein to the Shipping Company.

| **Container Details** | | | | | | | ***Weight Determination** | |
|---|---|---|---|---|---|---|---|---|
| Container Type | Container Size | *Container Number | *Verified Gross Mass | *UoM | Weighing Method | Weighing Ticket # | *Date | *Time |
| Select One | Select One | | | Select One | Select One | | | |
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| ***Authorized Person Certifying VGM** | |
|---|---|
| | ***I certify that the VGM declared above has been obtained in accordance with the Regulatory Requirements.*** |
| *Full Name: (Capital Letters) | |
| Weighing Party Certification # (*If applicable) | |
| **Third Party VGM Provider** | |
| Third Party Company Name: | |

Submit Via E-mail

Clear Container Details