

Verified Gross Mass (VGM) Reporting Form

Date	
<u>Responsible Party is the Shipper on the Bill of Lading</u>	
Shipper Full Company Name	
Shipper Full Address	
Shipper E-mail and Phone Number	
Name of Authorized Person in CAPITAL LETTERS	

Booking # / MBL No.	Container No.	VGM Weight (kg or lbs)	Remark

Declaration:	
	hereby confirms that the above information is true and correct.
(SHIPPER FULL COMPANY NAME)	
<u>Authorized Signature:</u>	_____

UPON COMPLETION OF CONTAINER LOADING, AND NO LATER THAN ONE DAY PRIOR TO THE CUTOFF DATE FOR CONTAINER DELIVERY, PLEASE SEND THIS FULLY COMPLETED FORM TO THE AGENT/FORWARDER WITH WHOM YOU BOOKED FREIGHT FOR SHIPMENT.

PLEASE NOTE: Under IMO regulations, the SHIPPER is responsible for the timely and accurate reporting of the VGM for each full container delivered for shipment. Untimely and/or inaccurate reporting of VGM may result in containers not being loaded for shipment, leaving the SHIPPER liable for any expenses, damages and/or losses resulting therefrom (including, but not limited to, demurrage, detention, storage, penalties, fines, losses incurred by the consignee, etc.).

说明：

1 国际海事组织（IMO）为《海上人命安全公约》有关载货集装箱重量验证修正案，自2016年7月1日起实施，要求所有托运人必须为载货集装箱在交付船舶运输前应当对其重量进行验证，托运人对数据负责。

2 实行 NO VGM, NO LOAD原则

3 截VGM时间以船公司booking confirmation或代理邮件通知为准，通常与截SI时间接近。