

# OFF-LAND DECLARATION FORM

## Section A: Lighter / Carrier / Owner's Information

Lighter Name / No.:	Name of Mother Vessel:
Lighter Company:	Name(s) of Item Owner:

## Section B: Cargo Off-Land / Received Information

S/N	Description	Off-Land Quantity (By Lighter)	Received Quantity (By Lifting Supervisor)
1	COLD BIN		
2	LIFE RAFT		
3	CYLINDER BOTTLE		
4	IBC TANK		
5	EMPTY PALLET		
6	GENERAL WASTES		
7	SHIP STORE		
8	SHIP SPARE		
9	OTHERS		

## Section C: Crane Lifts Information / Lifting Supervisor's Declaration

Crane Number	PT: P01 / P02 / P03 / P04	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Name &amp; Signature of Lifting Supervisor</b>
	MSW: M01 / M02 / M03	
Lifts Start Date		
Lifts Start Time		