

Client Name: _____

Client Reference/Code: _____

Shipping Month: _____

Requested Shipping Window:

1st to 10th of Shipping Month

11th to 20th of Shipping Month

21st to 31st of Shipping Month

Other _____

Quality Parameters/Comments:

Unload Grade	Tonnes	Quality Specifications

Authorised Client Representative: _____

Signature: _____

Date: _____

Quattro Ports PKGT Acceptance: Accepted Declined

Authorised Quattro Ports PKGT Representative: _____

Signature: _____

Date: _____

