

INTENT TO SHIP ADVICE

| Client Name: | | |
|----------------------------|---|--|
| Client Reference/Code: | | |
| Shipping Month: | | |
| Requested Shipping Window: | 1 st to 10 th of Shipping Month 11 th to 20 th of Shipping Month | |
| | 21 st to 31 st of Shipping Month Other | |

Quality Parameters/Comments:

| Unload Grade | Tonnes | Quality Specifications | |
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| Authorised Client Representative: | | |
|---|--------------------------------|---|
| Signature: | , FE | Y FID |
| Date: | 54. | 5 |
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| Quattro Ports PKGT Acceptance: Accepted I | Declined | |
| Authorised Quattro Ports PKGT Representative: | • | |
| Signature: | | |
| Date: | 172 | |
| | | 4 |
| Document Name: Intent to Ship Advice Document Number: QP-PKGT-C-SA-08.FM-01_V5 Docume | ent Approver: Terminal Manager | Issue Date: 18/11/2021 Review Date: 18/11/2023 |
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