VERIFIED GROSS MASS (VGM) STATEMENT

Completed form must be presented to the steamship line or the freight forwarder.

Ex: mm/dd/yyyy

SUBMISSION DATE: //

Note: Use Tab key to advance to next field instead of "Enter" key

SHIPPER'S INFORMATION	:	Attention: Handw	rritten forms will not be accepted
SHIPPER COMPANY NAME			
ADDRESS			
AUTHORIZED VGM CONTAC	T		
PHONE NO.			
FAX NO.			
E-MAIL ADDRESS			
CARRIER/FORWARDER INI	FORN	MATION:	
COMPANY NAME			
BILL OF LADING NO.			
CARRIER REFERENCE NO.			
CONTACT NAME			
PHONE NO.			
E-MAIL ADDRESS			
VGM evaluation method: (Select one) Method 1 - Actual weight of the container after packing and sealing Method 2 - Added weight of all packages and cargo plus the mass of packing materials plus the tare mass of the container			
CONTAINER NO.	VERIF	FIED GROSS WEIGHT (in Kg)	COMMENTS
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The duly authorized VGM contact person of the shipper hereby certifies that the above-mentioned shipment details are true and correct and that the information provided adheres to the International Convention for the Safety of Life at Sea (SOLAS) requirements. For more information, please refer to the IMO's Guidelines on SOLAS. Missing, incorrect and/or belated information of the VGM statements may result in non-acceptance of the shipment by the vessel operating ocean carriers and a delay in the originally planned schedule. Additional cost caused by delays due to non-acceptance of the shipment by the carrier will be covered by VGM declarant.