

WARE JOB REQUEST FORM

ATAKAŞ LİMAN İŞLETMECİLİĞİ TİCARET A.Ş.

AGENCY / WARE OWNER OR AUTHORIZED PERSONNEL :	
INVOICED PARTY:	:
REQUEST NAME	:
ARRIVAL/DEPARTURE SHIP	:

REQUEST DATE	
REFERENCE NO	

L/N	SUMMARY DEC NO/DATE	DECLARATION NO	REGIME	WARE TYPE	WEIGHT	CONT. QTY	ARRIVAL PORT / DEPARTURE PORT	DEPARTURE DATE	TRANSPORT COMPANY	WAREHOUSE DAY NO	EXPLANATION
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

TOTAL CONTAINER NUMBER :	
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1 - I hereby accept and undertake to adjust the preparations and precautions regarding my request in accordance with the daily capacity of the port,
2 - And to comply with Atakaş Port Procedures and working hours determined by the Administration, and to ensure all job requests are completed in the required order.

OF THE REQUESTING AUTHORITY	
NAME AND SURNAME	:
COMPANY TITLE	:
SEAL	:
SIGNATURE	:

This Job Request Form can be updated anytime pursuant to the operational requirements of ATAKAŞ LİMAN Administration.

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