

## VGM declaration form

MNCL Booking Number:	
Shipper/ Exporter Company Name:	
Shipper/ Exporter address:	
Weighing Company Name : (if 3 <sup>rd</sup> party)	
Weighing Company Address:  Contact Details : (if 3 <sup>rd</sup> party)	
Total Gross Weight:	
Unit of Measurement (KGS / LBS):	
Signatory Company Name:	
Signatory Company Address:  Contact Details:	
Date:	

I hereby declare that I am an authorized signatory of Shipper and the information above is true and correct for the shipment. Shipper shall indemnify MN Container Lines Inc against any or all loss, damage or expenses resulting from the inaccuracy or inadequacy of the above information.

For more information, please refer to [IMO's Guidelines on SOLAS](#)