Ver. 1.5

Merchant Shipping Services Pvt. Ltd.

B/L Number:

CHECKLIST – IMPORT DO **Date:**

CHA NAME:
Email:

Have you carried the following Documents?

1. Original B/L ☐ 2. Telex Release ☐ 3. Payment Confirmation ☐ 4. High Seas Document ☐
5. Factory De-Stuffing Bond ☐ 6. KYC from Consignee ☐ 7. Pro-forma Invoice ☐
8. NOC Telex Release ☐ 9. NOC Forwarder ☐ 10. B/E (incase of High Seas Sale) ☐
11. DPD Shipment ☐ 12. Advance DO ☐

MODE OF PAYMENT: NEFT/RTGS ☐ ODEX ☐
1. UTR/REF Number: _____ Amount: _____ Date & Time of Payment: _____
2. UTR/REF Number: _____ Amount: _____ Date & Time of Payment: _____

DELIVERY TYPE: Examin Order ☐ Final D/O ☐
F/Destuffing ☐ D/Destuffing ☐
DeStuffing Location/Place: _____

D/O Validity upto:

Consignee Name:
IEC Number: Email:

CHA Person Name
Tel No (Off):
Mobile:

We solemnly affirm herewith that the above Information is correct to the best of our knowledge

Signature

REMARK: (FOR OFFICE USE ONLY)

TOKEN NUMBER / TIME