



TDC Towers-5th Floor, Room B4.Opposite Comm. 2 Police station

P. O. Box CO 894 Tema, Ghana, West Africa

E-mail: admin@sailinelogistics.com

SERVICES APPLICATION FORM

1. APPLICANT DETAILS

Title: Mr. Mrs. Miss Other: _____

Name of applicant: First name: _____ Surname: _____

Other names: _____

ID TYPE: Driver's License Passport Voters ID Other: _____

ID No.: _____ Tax Identification Number: _____

RESIDENTIAL TYPE:

Current Residence Address: _____

Postal Address: _____

Email Address: _____ Phone No.: _____

2. SHIPPING INFORMATION

Name of Importer: _____

Name of Exporter: _____

Broker/ Forwarder Details

Name: _____ Phone No.: _____

Address: _____

Vessel Name: _____ Vessel ID: _____

Voyage No.: _____ Loading Port: _____

Discharge Port: _____ Transit: _____

Delivery Address: _____

3. CONSIGNMENT DETAILS

Type of Goods (if commodity): Perishable Non-perishable

Conditions of good(s) / vehicle(s): New Used

LINE NO.	CONTAINER NO.	BILL OF LADING NO.	CARGO TYPE	NO. OF PACKAGES	GOODS DESCRIPTION

VEHICLE MODEL	YEAR	BILL OF LADING NO.	CHASSIS NO. / VIN	VEHICLE DETAILS (if damages)

Remarks: _____

Reason for application: _____

Applicant Signature: _____ Date: _____ Time: _____

FOR OFFICE USE ONLY

Are there any pictures to show the physical condition of goods? Yes No

Application Approved

Application Refused

Reason for Refusal (if no): _____

Credit Officer: _____ Badge No.: _____

Signature: _____ Date: _____ Time: _____

Supervisor in charge: _____

Signature: _____ Date: _____ Time: _____

Disclaimer:

Our company is not liable for any transportation and warehousing damages.