



# CMA CGM - COMPLIANCE BOOKING FORM

Date of request :

## MANDATORY FIELDS TO BE FILLED-IN BY THE CLIENT OR BOOKING AGENT

### BOOKING DETAILS

1. VOYAGE DETAILS	
POL	
POD	
SHIPPER'S OWNED CONTAINER (YES/NO)	
TEUS	

### INSTRUCTIONS

Indicate Port of Loading required
Indicate Port of Discharge required
Indicate whether containers are SOC or not
Number of TEUS concerned

### 2. BILL OF LADING/POTENTIAL BILL OF LADING PARTIES DETAILS

SHIPPER	FULL NAME	
	FULL ADDRESS DETAILS <b>CITY</b> <b>COUNTRY</b> COMPANY/INDIVIDUAL OTHER DETAILS Email, phone number, website, local legal identification etc.	
	If the Shipper on B/L is a <b>Freight Forwarder</b> , indicate real Shipper here	
CONSIGNEE	FULL NAME	
	FULL ADDRESS DETAILS <b>CITY</b> <b>COUNTRY</b> COMPANY/INDIVIDUAL OTHER DETAILS Email, phone number, website, local legal identification etc.	
	If the Consignee on B/L is a <b>Freight Forwarder</b> , indicate final receiver here	
NOTIFY	FULL NAME	
	FULL ADDRESS DETAILS <b>CITY</b> <b>COUNTRY</b> COMPANY/INDIVIDUAL OTHER DETAILS Email, phone number, website, local legal identification etc.	
	If the Notify on B/L is a <b>Freight Forwarder</b> , indicate final receiver here. If it is a Change of NOTY or a SWITCH B/L indicate NEW notify here	

Indicate Shipper appearing on B/L full details (name, address and other useful information)
Indicate Consignee appearing on B/L full details (name, address and other useful information)
Indicate Notify appearing on B/L full details (name, address and other useful information)

### 3. COMMODITIES DETAILS

COMMODITY	
HS CODE	
FINAL USE	
ACTIVITY SECTOR	<input type="checkbox"/> Civilian <input type="checkbox"/> Military <input type="checkbox"/> Nuclear

Provide commodity description
Provide HS code for the commodity above
Indicate what the final use of the commodity will be
Select the correct activity sector for which the cargo shall be used : CIVILIAN, MILITARY or NUCLEAR

### 4. ADDITIONAL PARTIES

Details of Insurance if any	
Bank details if Letter of Credit applicable	

If an Insurance company is involved in the shipment please provide details
Provide Bank details in case of L/C

### ATTACHED DOCUMENTS

COMMERCIAL INVOICE	
CORRESPONDANCE	
COD FORM	
Other precise	

Indicate if the document is attached to your request
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## MANDATORY TO BE FILLED-IN BY BOOKING/REQUESTING AGENT

### 4. AGENT DETAILS

BOOKING AGENT/LINE	
BOOKING AGENT REQUESTER'S NAME	
SQ/BL/BOOKING REFERENCE	
Give clear details about your request	

Input the code of your agency/line
Input the name of the agent requester
Provide the reference details origin
Give more details about the request (if any)