

PARTICULARS FOR VOLUME INCENTIVE FILE (VIF) NOTICE OF LIQUIFIED NATURAL GAS TRANSIT

Client Name																					
V.I.F. NO.																					
Vessel Name																					
Date of Last Transit		/		/	20	Ballast				Laden											
Estimated Date of Arrival				/	20	Ballast				Laden											
Port of Origin																					
Port of Destination																					
Previous Vessel Name (if recently changed)																					

NOTES:

This form is to be forwarded to SCA Admeasurement Section at least one week prior to date of transit.

Use block letters to fill the form.

This form is to be addressed to:

FAX NO: +2064 320784/85

Email: admeasurement@suezcanal.gov.eg

ATTN: ADMEASUREMENT SECTION