

**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					Liquefied Natural Gas Qty (metric tons)										
Estimated Date of Arrival				/	20	Ballast					Laden					Liquefied Natural Gas Qty (metric tons)										
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](mailto:admeasurement@suezcanal.gov.eg)

ATTN: ADMEASUREMENT SECTION