



SOPCT APPENDIX "E" – LATE ARRIVAL APPLICATION

LATE ARRIVAL APPLICATION

<u>VESSEL:</u>	VESSEL NAME: _____	
	VOYAGE NUMBER:- _____	
	VESSEL VISIT NUMBER: _____	
	STACK CLOSING (DATE & TIME) _____	
REASON	FOR	LATE COLLECTION: _____
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<u>CONTAINER OPERATOR:</u>		
OPERATORS NAME: _____		
OPERATORS 3 LETTER CODE: _____		
APPLICANTS NAME: _____		
I HEREBY AGREE THAT ALL LATE ARRIVAL CHARGES WILL BE DEBITED TO THE CONTAINER OPERATORS ACCOUNT.		
SIGNATURE: _____	CONTAINER OPERATORS STAMP	
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<u>VESSEL OPERATOR:-</u>		
WILL THE ACCEPTANCE OF THIS LATE ARRIVAL RESULT IN THE SHORTSHIPMENT OF ANOTHER CONTAINER YES / NO		
I AGREE TO THIS CONTAINER BEING PLACED IN AN OVER-STOW POSITION ON THE VESSEL, IF NECESSARY		
VESSEL OPERATORS NAME:- _____		
VESSEL OPERATORS SIGNATURE _____	VESSEL OPERATORS STAMP	
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<u>CONTAINER DETAILS:-</u>		
EXPORTERS NAME:- _____		
6 METRE / 12METRE / 13.7METRE		
G.P / REEFER / HAZARDOUS / O.O.G. CONTAINER / HIGH CUBE		
CONTAINER NUMBER:- _____		
CONTAINER MASS: _____		
PORT OF DESTINATION: _____		
BOOKING REFERENCE NUMBER:- _____		
ACCOUNT NUMBER:- _____		
DATE AND TIME OF ARRIVAL:- _____		
<u>PT PERSON APPROVING LATE ARRIVAL:-</u>		
LATE ARRIVAL APPROVED:- YES / NO		
NAME (Please Print) _____		
SIGNATURE:- _____		
N.B.THIS DOCUMENT WILL ONLY BE ACCEPTED FROM THE CONTAINER OPERATOR.		
ALL DETAILS MUST BE FULLY COMPLETED BEFORE SUBMITTING THIS DOCUMENT TO THE SPACE PLANNING OFFICE ON THE DAY PRIOR TO THE CONTAINER ARRIVING IN THE TERMINAL.		