



**SOPCT APPENDIX "E" – LATE ARRIVAL APPLICATION**

**LATE ARRIVAL APPLICATION**

<b><u>VESSEL:</u></b>	VESSEL NAME: _____	
	VOYAGE NUMBER:- _____	
	VESSEL VISIT NUMBER: _____	
	STACK CLOSING (DATE & TIME) _____	
REASON FOR LATE COLLECTION:	_____	
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<b><u>CONTAINER OPERATOR:</u></b>		
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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<b><u>VESSEL OPERATOR:-</u></b>		
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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<b><u>CONTAINER DETAILS:-</u></b>		
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:- _____		
<b><u>PT PERSON APPROVING LATE ARRIVAL:-</u></b>		
LATE ARRIVAL APPROVED:- YES / NO		
NAME (Please Print) _____		
SIGNATURE:- _____		
<b>N.B.THIS DOCUMENT WILL ONLY BE ACCEPTED FROM THE CONTAINER OPERATOR.</b>		
<b>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.</b>		