/ SHIPPER WARE HOUSE **{{INV NO}}**

**{{NO OF BAGS}}** BAGS

**{{FUMIGATION DATE}}**

TREATMENT AGAINST INSECTS & PESTS

9GR/CUBIC M DURING 120 HOURS

**{{SHIPPER}}**

**{{CONSIGNEE}}**

BY SEA (VESSEL NAME: **{{VESSEL NAME}}**)

B/L NO. **{{B/L NO}}** DATED **{{BL DATE}}**

**{{MARKINGS}}**

PORT OF LOADING : **{{LOAD PORT}}**

PORT OF DISCHARGE : **{{DISCHARGE PORT}}**

**{{NO OF BAGS}}** BAGS **{{NETT WT}}**M.TONS

**{{ITEM DESCRIPTION}}**

**{{ITEM PCKING}}**

THIS IS TO CERTIFY THAT THE GOODS AND PACKING ARE

FREE FROM INSECTS & PESTS.