## IMPORTER SECURITY FILING ISF 10+2

| SHIPMENT DETAIL                    |                           |   |                          |  |
|------------------------------------|---------------------------|---|--------------------------|--|
| 1. AMS HOUSE BILL OF LADING NUMBER |                           | 2. MASTER BILL OF LADING NUMBER         |                          |  |
| 3. ESTIMATED DEPARTURE DATE        | 4. ESTIMATED ARRIVAL DATE | 5. FOREIGN PORT OF LADING               | 6. U.S. PORT OF UNLADING |  |
| 7. NAME OF VESSEL                  | 8. VOYAGE NUMBER          | 9. OCEAN CONTAINER NUMBER               | 10. REFERENCE NUMBER     |  |
| SUPPLY CHAIN                       | •                         | •                                       | ·                        |  |
| 11. MANUFACTURER (SUPPLIER)        |                           | 12. SELLER                              |                          |  |
| NAME:                              |                           | NAME:                                   |                          |  |
| ADDRESS:                           |                           | ADDRESS:                                |                          |  |
|                                    |                           |   |                          |  |
| CITY:                              |                           | CITY:                                   |                          |  |
| STATE:                             |                           | STATE:                                  |                          |  |
| COUNTRY:                           |                           | COUNTRY:                                |                          |  |
| POSTAL CODE:                       |                           | POSTAL CODE:                            |                          |  |
| 13. BUYER                          |                           | 14. SHIP TO                             |                          |  |
| NAME:                              |                           | NAME:                                   |                          |  |
| ADDRESS:                           |                           | ADDRESS:                                |                          |  |
|                                    |                           |   |                          |  |
| CITY:                              |                           | CITY:                                   |                          |  |
| STATE:                             |                           | STATE:                                  |                          |  |
| COUNTRY:                           |                           | COUNTRY:                                |                          |  |
| POSTAL CODE:                       |                           | POSTAL CODE:                            |                          |  |
| 15. CONTAINER STUFFING LOCATION    |                           | 16. CONSOLIDATOR                        |                          |  |
| NAME:                              |                           | NAME:                                   |                          |  |
| ADDRESS:                           |                           | ADDRESS:                                |                          |  |
| 7.557.566                          |                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          |  |
| CITY:                              |                           | CITY:                                   |                          |  |
| STATE:                             |                           | STATE:                                  |                          |  |
| COUNTRY:                           |                           | COUNTRY:                                |                          |  |
| POSTAL CODE:                       |                           | POSTAL CODE:                            |                          |  |
| 17. IMPORTER OF RECORD             |                           | 18. CONSIGNEE                           |                          |  |
| NAME:                              |                           | NAME:                                   |                          |  |
| ADDRESS:                           |                           | ADDRESS:                                |                          |  |
| 7.557.566                          |                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          |  |
| CITY:                              |                           | CITY:                                   |                          |  |
| STATE:                             |                           | STATE:                                  |                          |  |
| COUNTRY:                           |                           | COUNTRY:                                |                          |  |
| POSTAL CODE:                       |                           |   | POSTAL CODE:             |  |
| TOTAL GODE.                        |                           | I GOIAL GODE.                           |                          |  |
| 19. ITEM DESCRIPTION               |                           | 20. HTS NUMBER                          | 21. COUNTRY OF ORIGIN    |  |
|                                    |                           |   |                          |  |
|                                    |                           |   |                          |  |
|                                    |                           |   |                          |  |
|                                    |                           |   |                          |  |
|                                    |                           |   |                          |  |
|                                    |                           |   |                          |  |
|                                    |                           |   |                          |  |
|                                    |                           | 1                                       |                          |  |