

**Declarant:** 

Occupation: ---

Address: ---Phone No:
Run by: admin

## WEST AFRICA CONTAINER TERMINAL

## **INDEMNITY FORM**

## IN CONSIDERATION OF EXAMINATION PERFORMED/DELIVERY IN WACT

	<b>king Date 10/13/20 8</b> Edwin	:53 AM	Positioning	on or before: 1(	0/14/20 12:00	AM	
Of	BARINUA					<del></del>	П.
(Company)  Representing: DIVINE RAYS MULTI CONCEPTS LTD							
S\N	Container No:	Invoice No	Receipt No	B/Lading No:	Vessel ID:	Positioning Date	
1	PCIU2830619			TXSV00499200	KOTA SATRIA	10/14/20 12:00 AM	
This	action is to reduce	the number of pe	rsons at Exam Grou	Ground will be restricte und and enforce social- ward to your continued	distancing.		•
agai unde	nst the company by a ertake that any addition	any person or group onal expenses the	o whomsoever for or company may incur o	all claims and Damages on in respect of containers eduring Re-examination/dener is Not examined today	examined/delivered welivery/return of above	ithin WACT premises. V units will be paid by us	Ve also

**Customs:** 

Signature:

Officer Name:

Service Number: -----

Notice:Customer is responsible for securing his goods with padlock after customs examination, and WACT will not be liable for the incidents resulting from unsecured goods.

## PLEASE ALWAYS COME WITH ORIGINAL

Signature/Stamp/ID Card ------

Signature: