



REPÚBLICA DE ANGOLA



MINISTÉRIO DOS TRANSPORTES

CONSELHO NACIONAL DE CARREGADORES

APPLICATION FORM FOR THE ISSUE OF LOADING CERTIFICATES

Request Nr: 8 REQUESTED BY: (COMPANY / EMAIL: client@test.com	Client Company
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**\*\* PLEASE FILL IN WITH CLARIFIED INFORMATION & SEND WITH SHIPPING LINE BILL OF LADING AND INVOICE \*\***

<b>IMPORTER</b>
1. NAME: SOPLASCAM
2. ADDRESS: Largo Alexandre Sá Pinto
3. TAX PAYER NUMBER: 509509501/PT
2. ADDRESS: Largo Alexandre Sá Pinto

