



RFI – REQUEST FOR INFORMATION

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|--|--------------------------|
| Name of the Exporter | CVR / VAT no.: 2544 0447 |
| Internal reference of the Exporter, if available | |
| Booking number if available | |
| Payer name and full address | |
| Agree to pay to BC | |
| Exporter Contact person/e-mail address/phone number | |
| Name and full address of the containers stuffing (place of inspection). | |
| Inspection contact person/e-mail address/phone number | |
| Date of the containers stuffing (min. 3 working days of notice are required) | |
| Hour of the containers stuffing | |
| Description of goods (HS code, if available) | |
| Type of packing | |
| Quantity of goods, for FCL shipments - quantity of containers to be loaded | |
| Quality requirements | |

All work will be performed as per terms and conditions available on www.balticcontrol.com