

WAYBILL APPLICATION (On Shipper's Stationery)

TO: CMA CGM
Boulevard Jacques Saadé 4, quai d'Arenc CS 30154
13 235 Marseille Cedex 02 France

We, (shipper.....), hereby request you to issue a waybill for our shipment

from (POL.....)
to (POD.....).

If spot (SQ reference)
If regular (Contract number or SQ reference and duration)

Shipper: Full style name and address

Consignee: Full style name and address

In consideration of your complying with the above request, we undertake to pay all charges which may be due at origin to your office within 7 days of the vessel's departure. If the transit time to destination is less than 7 days, we undertake to pay all prepaid charges prior to the vessel's arrival at destination.

We also confirm having read and accepted the terms and conditions of the CMA CGM waybill, document which is issued subject to the CMI Uniform Rules for Sea Waybills.

Authorized signature
and stamp of applicant

Date