

SHIPPER'S CONTRACT/REF#:				Importer Security Filing (10+2) Request Form							
1. Manufacturer/Supplier **REQUIRED**											
Name:	CLARION SHIPPING SERVICES LLC										
Address1:	, PALCE TOWER 1, OFFICE 1802 AND 1803										
Address2:	DUBAI ACADEMIC CITY RD - UNITED ARAB EMIRATES,										
City:	State/Province:										
Country:	UNITED ARAB EMIRATES	Postal Code:									
2. Seller **REQUIRED**											
Name:	CLARION SHIPPING SERVICES LLC										
Address1:	, PALCE TOWER 1, OFFICE 1802 AND 1803										
Address2:	DUBAI ACADEMIC CITY RD - UNITED ARAB EMIRATES,										
City:	State/Province:										
Country:	UNITED ARAB EMIRATES	Postal Code:									
3. Buyer **REQUIRED**								5. Container Stuffing Location **REQUIRED**			
Name:	BLUEMAX SHIPPING SERVICES PVT. LTD.							Name:			
Address1:	,							Address1:			
Address2:	,							Address2:			
City:	CHENNAI	State/Province:						City:		State/Province:	
Country:	INDIA	Postal Code:						Country:		Postal Code:	
4. Ship To				6. Consolidator (Stuffer) **REQUIRED**							
Name:	SAME AS CONSIGNEE			Name:	FRESA DEMO COMPANY LIMITED						
Address1:	,			Address1:	DUBAI						
Address2:	,			Address2:	DUBAI						
City:		State/Province:		City:		State/Province:					
Country:		Postal Code:		Country:	UNITED ARAB EMIRATES	Postal Code:					
7. Importer of Record Number (Federal Tax ID#)				VEL&VOY#:	MAERSK BLUR MOON/V032	Port of Arrival:	CHENNAI (EX)				
8. Consignee Number (Federal Tax ID#)				ETD:	23-NOV-18	ETA:	30-NOV-18				
				CTR#:	MAEU9876543	DESCRIPTION	STC: PRINTING PRESS				
				CTN QTY:	1	KGS:	18,000.000 KGS				
						CBM:	18.000				
Origin	Description	HS Code	No. of Pcs	Net Weight	G.Weight						
UNITED ARAB EMIRATES	STC: PRINTING PRESS MATERIALS HS CODE: 9600000 EXPRESS RELEASE ALL DESTINATION CHARGES ARE CONSIGNEE'S A/C FREIGHT PREPAID PREPAID FCL	9600000	150	16,600.000	18,000.000						

SENDER:		ISF IMPORTER	
Completed By:	_____ ***REQUIRED***	Approved By (Name):	_____
Date/Time	1/25/19 4:41 PM	Date/Time Approved:	_____
Return e-mail:	_____ ***REQUIRED***		
Signature:	_____ ***REQUIRED***	RECEIVER:	
		ISF Form received by:	_____
		Date/Time Received:	_____
		Date/Time Transmitted:	_____
		Sec. Filing No.:	_____

By completing this form, the ISF Importer certifies that all information is accurate. This form must be received by TED T. KIM d/b/a EXPRESS CUSTOMHOUSE BROKER at least 3 WORKING DAYS prior to loading OR 5 WORKING DAYS FOR ITEMS 10 OR MORE . Failure to comply with this requirement may result in penalties being assessed by US CBP against the ISF Importer. A SIGNED POWER OF ATTORNEY IS REQUIRED FOR ISF FILING IF WE DO NOT HAVE ON OUR FILE.