

SHIPPER'S CONTRACT/REF#:				Importer Security Filing (10+2) Request Form			
1. Manufacturer/Supplier **REQUIRED**							
Name:		BLUE MOON LOGISTICS FZE					
Address1:		, AL MAKTHOOM BUILDING					
Address2:							
City:		DUBAI		State/Province:			
Country:		UNITED ARAB EMIRATES		Postal Code:			
2. Seller **REQUIRED**							
Name:		BLUE MOON LOGISTICS FZE					
Address1:		, AL MAKTHOOM BUILDING					
Address2:							
City:		DUBAI		State/Province:			
Country:		UNITED ARAB EMIRATES		Postal Code:			
3. Buyer **REQUIRED**							
Name:		3WAYW LOGISTICS					
Address1:		234, LOUITASTALL					
Address2:		GANDHI STREET, HOTEL					
City:		CHENNAI		State/Province:		TAMILNADU	
Country:		UNITED STATES OF AMERICA		Postal Code:		343423	
4. Ship To							
Name:		SAME AS CONSIGNEE					
Address1:							
Address2:							
City:				State/Province:			
Country:				Postal Code:			
5. Container Stuffing Location **REQUIRED**							
Name:							
Address1:							
Address2:							
City:				State/Province:			
Country:		UNITED ARAB EMIRATES		Postal Code:			
M B/L#:		CMA987654321		H B/L#:		JEA/MAA/1800044	
AMS#:				4 LTR AMS SCAC CODE:			
6. Consolidator (Stuffer) **REQUIRED**							
Name:		FRESA DEMO COMPANY LIMITED					
Address1:		DUBAI					
Address2:		DUBAI					
City:				State/Province:			
Country:		UNITED ARAB EMIRATES		Postal Code:			
VEL&VOY#:		CMA CGM ASHA/V032		Port of Arrival:		CHENNAI (EX)	
ETD:		23-NOV-18		ETA:		30-NOV-18	
CTR#:		MAEU9876543		DESCRIPTION:		STC: MACHINERY PARTS	
CTN QTY:		1		KGS:		4,500.000 KGS	
				CBM:		4.450 CBM	
7. Importer of Record Number (Federal Tax ID#)				Port of Arrival:		CHENNAI (EX)	
8. Consignee Number (Federal Tax ID#)				ETA:		30-NOV-18	
		CTR#:		DESCRIPTION:		STC: MACHINERY PARTS	
		CTN QTY:		KGS:		4,500.000 KGS	
				CBM:		4.450 CBM	
Origin	Description	HS Code	No. of Pcs	Net Weight	G.Weight		
	STC: MACHINERY PARTS FOR FACTORY ALL DESTINATION CHARGES ARE CONSIGNEE'S AC FREIGHT PREPAID PREPAID LCL	8890000	17		4,500.000		

SENDER:		ISF IMPORTER	
Completed By:	_____ ***REQUIRED***	Approved By (Name):	_____
Date/Time	11/17/18 3:59 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.