

Pharmaceuticals Marine Cargo Declaration

Shipper Information

Company Name

Address

Contact Person

Telephone / Email

Consignee Information

Company Name

Address

Contact Person

Telephone / Email

Cargo Details

Vessel Name

Voyage Number

Bill of Lading Number

Port of Loading

Port of Discharge

Estimated Time of Arrival

Pharmaceutical Goods Information

Description of Goods	Temperature Requirement (°C)	Quantity	Packaging Type

Special Handling Instructions

Declaration

Name

Signature

Date