

Toxic Substances Maritime Transport Manifest

Shipper Information

Company Name

Address

Contact Person

Phone

Consignee Information

Company Name

Address

Contact Person

Phone

Voyage Details

Vessel Name

IMO Number

Departure Port

Destination Port

Departure Date

Estimated Arrival Date

Manifest Details

#	Substance Name	UN Number	Class	Packing Group	Quantity	Packaging Type	Container Number	Emergency Contact
1								
2								
3								

Special Handling Instructions

Additional Notes

Date

Authorized Signature