Roll-On/Roll-Off Cargo Manifest Submission Form

Vessel Name						
Voyag	ge Number					
Date	of Arrival					
Port o	f Loading					
Port of Discharge						
Agent Name						
Agent	Name					
Agent Contact						
Cargo List						
No.	Vehicle Type	Identification Number	Owner Name	Weight (kg)	Dimensions (L x W x H)	Remarks
General Remarks						