Demurrage Waiver Request Document

Date:				
To (Recipient Name	/Organization):			
From (Your Name/O	rganization):			
Reference No.:				
Subject: Request for	· Waiver of Demurrage 0	Charges		
Details of Shipment/	Container(s):			
Container No.	BL/AWB No.	Vessel/Flight	Arrival Date	Import/Export
Period of Demurrage	e:			
Amount (if applicable	e):			
Reason for Waiver F	Seallest.			
Treasuring Walvern				
Supporting Docume	nts:			
Remarks / Additiona	I Information:			
Authorized Signatory	/			
Stamp (if any)				