



EMIRATES SHIPPING AGENCIES (I) PVT LTD

### E-D/O CHECKLIST

		DATE : ___/___/___				
VESSEL NAME	_____	VOYAGE NO _____				
BL NO.	_____	CONSIGNEE NAME _____				
HOUSE BL NO.	_____	CONSIGNEE NAME _____				
CHA NAME	_____	MOB _____				
1. B/L TYPE	<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> SEAWAY B/L	<input type="checkbox"/> SURRENDER (TELEX)			
2. D/O TYPE	<input type="checkbox"/> FACTORY DE-STUFFING	<input type="checkbox"/> DOCK DE-STUFFING	<input type="checkbox"/> LCL	<input type="checkbox"/> DPD	<input type="checkbox"/> SEZ	
3. MODE OF PAYMENT	NEFT/RTGS/IMPS	_____				
	DD/PAYORDER	NO _____	BANK _____	DT _____		
4. SECURITY DD/CHEQUE DETAILS		NO _____	BANK _____	DT _____		
5. HIGH SEAS SALE DETAILS (IF ANY) :	_____					
6. ATTACHMENTS						
A) KYC	<input type="checkbox"/> KYC LETTER	<input type="checkbox"/> IEC	<input type="checkbox"/> PAN	<input type="checkbox"/> GST	<input type="checkbox"/> ADD. PROOF	<input type="checkbox"/> BANK AD CODE / CANCEL CHQ.
B) OBL	_____					
C) HBL (IF ANY)	_____					
D) FACTORY DE-STUFFING BOND	_____					
E) INSURANCE	_____					
F) NOC (IF HBL INVOLVED)	_____					
<b>OFFICE USE ONLY</b>						
_____						
_____						
_____						
_____						

NOTE:

- 1) PLEASE FILL UP THE CHECKLIST PROPERLY BEFORE SUBMITTING DOCS AT D/O COUNTER
- 2) COUNTER TIMINGS : 09:30 AM TO 03:00 PM (MON-FRI). (LUNCH : 01:00 PM TO 01:30 PM)
- 3) SATURDAY / SUNDAY / FESTIVALS OUR OFFICE WILL REMAIN CLOSED.