PORT OF PORTLAND

# INTENT TO SHIP APPLICATION

**Customer Name:** _____

**Customer Booking Ref Code:** _____

**Preferred Shipment Month:** _____

☐ First Half: 1st - 15th

☐ Last Half: 16th - End of month

**Total tonnage:** _____

**Anticipated Vessel Type:**

☐ Panamax    ☐ HandyMax    ☐ Handy    ☐ Hatch

**Quality parameters/comments:**

| Tonnes | Load Grade | Quality Specifications |
|--------|-----------|------------------------|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Authorised Customer Representative:**

**Signature:** _____

**Name:** _____    **Date:** _____

Intent to ship application to be emailed to grain@portofportland.com.au

- OFFICE USE ONLY -

POPL Acceptance:    ☐ Accepted    ☐ Declined

POPL Booking Reference Code: _____

POPL Authorised Representative:    Signature: _____

Name: _____

Date: _____