

WACT SCANNING INDEMNITY FORM

I/ We, the undersigned request that WACT moves my container(s) through Customs Scanner on the below **Date** with terminal truck. All additional costs resulting from the scanned container(s) due to not being around on specified **time slot** will be covered by my Company/Agency. Also, I/ we understand that all containers scanned on the below date will not be retained on WACT truck if the customer is not on ground for cases of minor conformity check, and the **container(s) will be transferred to the main storage yard**. If the container(s) are returned to the main storage yard without completing minor check at the scan area, the Customer/Agent will have to book and pay again for the next available slot.

SCANNING DATE: _____

FIRST TIME SLOT: 08:00am to 12:00pm (first slot)

SECOND TIME SLOT: 12:01pm to 05:00pm (second slot)

I MR/MS _____

OF (AGENCY NAME): _____

REPRESENTING (IMPORTER): _____

BL / UNIT NUMBERS _____

Sign _____

For further information please send emails to

onne.customercare@apmterminals.com

Notice: Customer is responsible for securing his goods with padlock after customs Scanning, and WACT will not be liable for the incidents resulting from unsecured goods.

PLEASE ALWAYS COME ALONG WITH THIS FORM