REFUND APPLICATION FORM Payer's Letterhead (Company name reflected in the OR)

	ERPAYN	1ENT										
For Overpayment Refund Requirements												
 Copy of Official Receipt as proof of payment Copy of Bank Statement containing Bank account number and address 												
(2)	Copy of	f Bank St	atemen	it contai	ining B	ank ac	count	number	and a	address	1. 	
CONT	AINER I	DEPOSIT										
For Container Deposit Refund Requirements												
 Copy of Official Receipt as proof of payment EIR/Equipment Interchanged Report of return empty container. 												
		f Bank St									\$	
					-							
Addt'l Requirement for Broker							and r	not yet 1	registe	ered w	ith MCC/Maersk)	
(1) Copy of H	3IR form	n 2303 (C	ertifica	ate of R	egistrat	tion)						
BILL OF LADING NO: Mandatory												
CONSIGNEE NAME:						EM.	AIL:					
CONSIGNEE TELEPHONE (cell phone):			-		1	1						
CONSIGNEE TELEPHONE (land line):												
BROKER'S NAME:						E	EMAIL	:				
BROKER TELEPHONE (cell phone):											7	
BROKER TELEPHONE (land line):											-	
ACCOUNT NUMBER: Mandatory											-	
ACCOUNT NAME: Mandatory												
AMOUNT TO BE REFUNDED: Mandator	ry											
	-											
<u>TERMS AND CONDITIO</u> 1. Agents are the cho		recentativ	ves of	the con	sionee	5. and					payment delay should promptly ce team or refund processor through	
should ensure they							email		stome	r servi	ce team of ferund processor through	
refund			-			6.			on of	fraud v	will be investigated and the agency	
	transactions with Maersk Line. If there is no endorsement and all its representatives will be blacklisted unless pro-											
	, refund will be paid to consignee on BL otherwise.											
	2. We will not accept liability for delay of payment due to wrong or incomplete information entered above. 7. Pending payment and disputes should be reported to team below.											
3. No refund request s	3. No refund request should be processed if the requestor 8. Refunds will only be pa										aid to the broker's registered with	
has overdue in the account.4. Payment will be made to corporate accounts only excludingMaersk line or MCC Transport.											isport.	
4. Payment will be m where a personal na			accou	nts only	/ exclu	ding						
					Dee	clarati	ion:					
Ι	I solemnly state that the information I have given is t correct. And hereby agree to the above terms and conditions											
correct. And hereby ag	gree to t	the abov	e term	is and c	conditi	ons						
Requestor's / Consign	ee's Si	mature	hove	Printed	Nam	e						
requestor s/ Collsign		Snatare c		1 miller	• 1 • am	-						

Broker's Signature above Printed Name Designation

Designation

REFUND REQUESTED (Choose one):