OUR REF:

O/C Reg. No	
JCT/FIN. No.	

SRI LANKA PORTS AUTHORITY
REQUEST TO CHANGE OF PORT OF DISCHARGE

Agent : SLPA Vessel Reference No:

Billing Vessel :

EX.VSL/VOY/DATE	YARD STACK	CONTAINER NO.	SIZE	REQUESTED CHANGE	
				FROM	TO
Total no of containers on			**20' :**	**40':**	**45' :**

Name : Date : .....
Signature and Stamp of Agent

SUPERVISOR (computer),
Please effect the changes & forward the details

	20'	40'	45'
No of Containers On carrier changed			

....
Signature (Ship Planner) Date Prepared by CWSA Checked & certified by Supervisor (Comp.) Date

F M (R/PT&ST),

JCT Certificate No : .....
Billing Vessel : .....
Billing Agent : .....
CBS No :.....

arges for the following service

Service	Tariff	20'- (21-543)	40' – (21-544)	45' – (21-545)
Change of on Carrier / Voyage	20.06			

....
Executive Officer (JCT - Billing) Dat Certified by Billing Clerk Date

Sensitivity: Internal