



MALDIVES PORTS LIMITED

MPL Building, Boduthakurufaanu Magu, Male'
Tel: 332 9339 (PABX) 333 7102, FAX: 332 5293

CONTAINER DELIVERY / RETURN SLIP

D/R

Date	
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No	Name of Vessel	Date of Arrival	BL No(s):
1			
2			
3			

Consignee / Shipper

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Container Line

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Carriers / Agents instruction letter and fax: Referance and Date

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Container Numbers	Size	Type	Status	(✓) To be Returned		Delivery Date	Delivered by Yard Supervisor		Released by Clearance Officer		Return Date	Received by Yard Supervisor	
				Yes	No		Name	Sign	Name	Sign		Name	Sign

Checked by	Checked by	Cash Received By
Cargo Operations Department	Cargo Clearance Department	
Signature:	Signature:	Bill / Receipt No:
Name:	Name:	Signature:
Designation:	Designation:	Name:
Date:	Date:	Date & Stamp:

Remarks (If any)