**Telex Release Requisition Form (Form B)**

To: T.S. LINES LTD. / T.S. LINES CO. LTD. / T.S. LINES (JAPAN) LTD.

Date:

Vessel Name/ Voyage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bill (s) of lading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Port of Loading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Port of Discharging: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shipper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consignee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the shipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sirs,

We, the undersigned, hereby make request for taking delivery of the aforesaid goods, wares, and merchandise without production of Original Bill of Lading covering the same. We confirm that full set of original endorsed Bill of Lading(s) have been surrendered to your overseas office and herby at Loading port and hereby submit to you one copy of Non-Negotiable Bill of Lading(s) with our original signature and company stamp. We also confirm and warrant that we are the Consignee/Receiver duly instructed by Shipper and the only person who to receive and possess the said cargo.

In consideration of you delivering of said cargo to the undersigned Consignee without surrendering the original Bill of Lading, we hereby unconditionally and irrecoverably agree and guarantee to indemnify you, your principal, your agents and/ or the owners of said vessel against any and all claims that may be made by any and all parties whomsoever on account of the delivery of the aforesaid cargo, and at all times to save and hold you, your principal, your agents and/ or the owners of said vessel harmless therefrom, and to pay all expenses which may come or be incurred by all of you on account of the resistance of may such claim or claims. We also warrantee to take full responsibility to pay/settle all outstanding demurrage, detention charges, and possible container loss or damage charges if the physical condition of the box does not pass your acceptance standard upon the empty return.

Yours faithfully

Consignee:

Company chop and Authorized Signature(s)

Person-In-Charge Name:

Position:

Address:

Tel: