



## SHIPPER VGM (VERIFIED GROSS MASS) DECLARATION FORM

Shipper's /Company Name \_\_\_\_\_

Address \_\_\_\_\_

Authorized VGM Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

*I hereby declare to **Ozlink Logistics** that all details given are complete and truthful. The determination of the gross mass (VGM) mentioned next to the respective container number is in accordance with the SOLAS regulations of the Maritime Safety Committee (MSC) of the International Maritime Organization (IMO) which were published on 09 June 2014 in the MSC 1 Circ. 1475.*

Container Number (if available) \_\_\_\_\_

Marks & Numbers \_\_\_\_\_

No. & Kind of Pkg \_\_\_\_\_

Description of Goods \_\_\_\_\_

The confirmed gross mass (VGM) for the above mentioned shipment/package:

Item No.	Package/s	Verified Gross Mass, VGM (kgs)	Item No.	Package/s	Verified Gross Mass, VGM (kgs)
1.			5		
2			6		
3			7		
4			8		

VGM evaluation method:

- Method 1 (by weighing) Weighing fully loaded container after it has been packed.**

After a shipment has been completely packed, shipment can be weigh using calibrated and certified equipment. Shipper may weigh, or arranged a third party to weigh the packed container. i.e Transport Company via weigh bridge

- Method 2 (by calculation) Weighing the contents of the container**

All packages and cargo items were weighted individually, including mass of dunnage, pallets, packing and securing material, then adding the weight to container tare weight as listed on the container

*We understand and confirm that missing, incorrect and/ or belated VGM statements may result in non-acceptance of the shipment by the vessel operating ocean carriers and a delay in the originally planned schedule. Any additional cost caused by delay or other reasons due to non-acceptance of the shipment by the carrier have to be covered by VGM declaring part (as undersigned below). We understand that **Ozlink Logistics** have the right to check the container's weight at VGM declaring part (as undersigned below) expense if there is any reasonable doubt to the provided VGM.*

\_\_\_\_\_  
Name of the Authorized VGM Declarant

\_\_\_\_\_  
Company of the Declarant

\_\_\_\_\_  
Place & Date

\_\_\_\_\_  
Signature & Company Stamp