**Shipper Owned Container Request Form**

1. The undersigned Shipper requests Pacifica Shipping and the carrier to carry the under mentioned container owned or leased by the Shipper from**…………….**.to**…………….**on the vessel **……………..**voyage**………………**pursuant to the carrier’s standard bill of lading terms and the terms of this form.
2. The Shipper agrees that the shipper owned container is accepted for shipment by the carrier on the basis that the Shipper remains responsible for maintenance, repair, operation, and monitoring of the container before delivery to the carrier at the load port and after receipt from the carrier at the destination port. Where relevant the Shipper is required to provide the carrier with spare parts and operating manuals for the sea carriage of the container. The carrier shall not be responsible for any failure or malfunction of the container during the voyage which is attributable to the pre-shipment condition, maintenance, repair, operation, and monitoring of the container.
3. The undersigned hereby confirms that the shipper owned container has undergone inspection in compliance with the Container Safety Convention (CSC) & ITCO requirements and has been certified Cargo Worthy.
4. The Shipper agrees to indemnify and hold the carrier harmless for all loss and damage howsoever caused arising from the container failing to meet and maintain the standard referred to in clause 3.
5. The following details must be supplied to Pacifica Shipping, **PRIOR** to delivering the container to the shipping terminal or wharf.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Container Number: | | | | | | | |
| Date Manufactured | | |  | | | | |
| Identification Nº | | |  | | | | |
| Maximum Gross Weight | | |  | kg | |  | lbs |
| Allowable Stacking Weight | | |  | kg | |  | lbs |
| Racking Test Load Value | | |  | kg | |  | lbs |
| Last Inspection Date – CSC | | |  | | | | |
| Last Test Date – Periodic (Pressure) | | |  | | | | |
| Depot/Surveyor Conducted Last Inspection | | |  | | | | |
| Company Name: |  | | |
| Signatory Name: |  | | |
| Signature: |  | | |
| Date: |  | | |