HHG IMPORTER SECURIY FILING 10+2 FORM

This form must be received no later than 72 hours before scheduled ETD from transit port

A passport copy and signed Power of Attorney form must be provided along with this form

OWNER (IMPORTER) INFORMATION		
Full name as it appears on Passport (Last, First)	2. Customer billing reference	3. SSN
4. Date of Birth	5. Passport number	6. Passport Country

BILL OF LADING AND SHIPMENT INFORMATION					
7. Carrier SCAC Code	8. Lowest Level Bill of Lading #		9. Nan	ne of carrier/steamship com	npany issuing lowest level B/L
10. Vessel Name & Voy		11. ET	D Vesse	l Departure Date / Port	12. ETA Date (US Seaport)
13. Container # (if know	ainer # (if known) 1 14. Container # (if known) 2		2		

SHIPPER'S ADDRESS (IF KNOWN) IF NOT (NAME AND ADDRESS) OF WAREHOUSE STATES AND COUNTRIES THAT USE ZIP CODE AND POSTAL CODE MUST BE PROVIDED				
US (DESTINATION) ADDRESS		FOREIGN (ORIGIN) ADDRESS		
15. Name		21. Name		
16. Address line 1		22. Address line 1		
17. Address line 2		23. Address line 2		
18. City		24. Address line 3		
19. State		25. City		
20. Zip Code		26. Country		
		26. Postal Code		

CONSOLIDATOR – Nam	ne and address of company who	arranged for the goods to be stuffed
	oany (who) arranged container to be stuffed	
28. Address line 1		
29. Address line 2		
30. City	31. Country	32. Postal Code
I		
CONTAINER SUTFFING	LOCATION Supply the entity wh	ere container is stuffed & made ship ready
33. Name and address of comp	oany (where) container is being stuffed	
34. Address line 1		
35. Address line 2		
36. City	37. Country	38. Postal Code
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Wickman Worldwide Services, Inc.