

# IMDG DANGEROUS GOODS DECLARATION

This form meets the requirements of SOLAS 74, chapter VII, regulation 5 ; MARPOL 73/78, Annex III, regulation 4.

|                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                             |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|--------------------------------------|
| DANGEROUS GOODS                                                                                                                                                                                                                                                                                                                                          | Shipper/Consignor/Sender of Record |                                                             | Royal Arctic Line Booking No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                             |                                      |
|                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                             | Page _____ of _____ Pages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Shipper's reference           | Booking No.                 |                                      |
|                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                             | Transp. Doc. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Freight Forwarder's reference |                             |                                      |
|                                                                                                                                                                                                                                                                                                                                                          | Consignee                          |                                                             | Carrier (to be completed by carrier)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                             |                                      |
| <b>Emergency contact telephone</b><br>(with international access code)                                                                                                                                                                                                                                                                                   |                                    |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                             |                                      |
| Vessel Name and voyage                                                                                                                                                                                                                                                                                                                                   |                                    | Additional handling information:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                             |                                      |
| Place of receipt                                                                                                                                                                                                                                                                                                                                         | Port/place of loading              |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                             |                                      |
| Port/place of discharge                                                                                                                                                                                                                                                                                                                                  | Destination                        |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                             |                                      |
| No. and kind of packages                                                                                                                                                                                                                                                                                                                                 | UN no.                             | Proper shipping name + (N.O.S.)<br>Class (Sec. Class) + EmS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Packing Group                 | Gross mass (kg)             | Net Explosive Qty.<br>(class 1 only) |
|                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                             |                                      |
|                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                             | (continue on page 2.)                |
| Container identification No.                                                                                                                                                                                                                                                                                                                             |                                    | Seal number(s)                                              | Container size & type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tare mass (kg)                | Total gross incl. tare (kg) |                                      |
|                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                             |                                      |
| <b>CONTAINER/VEHICLE PACKING CERTIFICATE</b><br>It is declared that the packing of the goods into the container/vehicle identified above has been carried out in accordance with the applicable provisions.<br><br><b>MUST BE COMPLETED AND SIGNED FOR ALL CONTAINER/VEHICLE LOADS (other than tanks) BY THE PERSON RESPONSIBLE FOR PACKING/LOADING.</b> |                                    |                                                             | <b>SHIPPER'S DECLARATION</b><br>I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded and are in all respects in proper condition for transport according to the applicable international and national governmental regulations.<br><br><b>MUST BE COMPLETED AND SIGNED FOR ALL DANGEROUS GOODS CONSIGNMENTS BY THE PERSON RESPONSIBLE FOR OFFERING THE DANGEROUS GOODS FOR TRANSPORT PER IMDG CODE 5.4.1.1.11</b> |                               |                             |                                      |
| Name of company packing container                                                                                                                                                                                                                                                                                                                        |                                    |                                                             | Name of company of shipper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                             |                                      |
| Name/status of declarant                                                                                                                                                                                                                                                                                                                                 |                                    |                                                             | Name/status of delcarant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                             |                                      |
| Place container/vehicle packed                                                                                                                                                                                                                                                                                                                           |                                    |                                                             | <b>Place and date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                             |                                      |
| Date packed: (dd/mm/yyyy)                                                                                                                                                                                                                                                                                                                                |                                    |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                             |                                      |
| Place and date                                                                                                                                                                                                                                                                                                                                           |                                    |                                                             | <b>Signature of declarant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                             |                                      |

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