





To be filled in by the transporter

1. Registration No. of Goods Carrier: \_\_\_\_\_

2. Date and Time of dispatch: Date \_\_\_\_\_ Time \_\_\_\_\_

3. G/R Number: \_\_\_\_\_ Date :(mm/dd/yy) \_\_\_\_\_

4. Name of transporter: \_\_\_\_\_

5. Address of transporter: \_\_\_\_\_

6. Signature and Stamp of transporter: \_\_\_\_\_

Transporter's  
Stamp



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Transporter's Stamp
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