Date :

To : HESCO AGENCIES Ltd.

**APPLICATION FOR B/L SURRENDER**

Name of Carrying Vessel : Voy. No.

B/L Number :

Port of Loading :

Port of Discharge :

Place of Delivery :

We surrender full set of original Bill of Lading for the above mentioned shipment,

Therefore, please release the said shipment to :

Name of cargo receiver :

Tel :

Fax:

Person in Charge :

We accept full responsibility and all consequences for this release of the shipment.

Name of Shipper :

Signature :