

<b>SHIPPING AGENCY DEPARTMENT, M.P.A</b>	
<b>Shipper</b>	
<b>Contractor</b>	
<b>Appointed Date</b>	Appointed Time

<b>EXPORT FCL : Acceptance Order (Full)</b>
---

To :	MIP / ICD (MPA-ALLIED) / ICD II / HICD Myanma Port Authority
------	---

Please release undernoted empty container to shipper specified.
---

Date :

Vessel	Voyage	Shipping Order No.

Port of Discharge	Place of Delivery at Destn.	Gross Weight of Container	Container Type

Container No(Container Type)	Transporter No.

Received in apparent good order and condition unless otherwise stated. (As per Damage Report No.)
MPA Representative

for M.P.A use only


Received in apparent good order and condition unless otherwise stated. (As per Damage Report No.)
Shipper's Representative