

NAME OF THE EXPORTER

(Address, Telephone number, Fax number)

DISCHARGE SHEET

Vessel:

Date:

No.	TYPE	KG	No.	TYPE	KG	No.	TYPE	KG	No.	TYPE	KG	No.	TYPE	KG
1			1			1			1			1		
2			2			2			2			2		
3			3			3			3			3		
4			4			4			4			4		
5			5			5			5			5		
6			6			6			6			6		
7			7			7			7			7		
8			8			8			8			8		
9			9			9			9			9		
10			10			10			10			10		
11			11			11			11			11		
12			12			12			12			12		
13			13			13			13			13		
14			14			14			14			14		
15			15			15			15			15		
16			16			16			16			16		
17			17			17			17			17		
18			18			18			18			18		
19			19			19			19			19		
20			20			20			20			20		
21			21			21			21			21		
22			22			22			22			22		
23			23			23			23			23		
24			24			24			24			24		
25			25			25			25			25		
26			26			26			26			26		
27			27			27			27			27		
28			28			28			28			28		
29			29			29			29			29		
30			30			30			30			30		
31			31			31			31			31		
32			32			32			32			32		
33			33			33			33			33		
34			34			34			34			34		
35			35			35			35			35		
Total														

Page Total: _____

FOR MALDIVES NATIONAL DEFENCE FORCE

MALDIVES CUSTOMS SERVICES

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