

INWARD REPORT

Name of Vessel	Gross Reg. Tons	Draft of Water	Berth	Hour and Date Arrived			
				Hour	D	M	Y
Where From	S/S Line or Agent		Name of Consignee				
Description of Cargo						Weight in Metric Tonnes	

OUTWARD REPORT

Name of Vessel	Gross Reg. Tons	Draft of Water	Berth	Hour and Date of Sailing			
				Hour	D	M	Y
Destination	S/S Line or Agent		Name of Shipper				
Description of Cargo						Weight in Metric Tonnes	

I, the undersigned, hereby certify the above to be correct and true in every particular.

DATED AT HAMILTON

THIS _____ DAY OF _____, 20_____

MASTER'S NAME (PLEASE PRINT)

RETURN TO:

HAMILTON OSHAWA PORT AUTHORITY
605 JAMES STREET NORTH
HAMILTON, ONTARIO L8L 1K1
FAX # 905-528-6554 OR EMAIL: inout@hopaports.ca

MASTER'S SIGNATURE