

10+2 Import Security Filing(ISF)

MANUFACTURER / SUPPLIER NAME AND ADDRESS	SELLER NAME AND ADDRESS
BUYER NAME / IMPORTER & ADDRESS WITH ZIP CODE	SHIP TO NAME AND ADDRESS
CONTAINER OR LCL STUFFING LOCATION (NAME AND ADDRESS)	CONSOLIDATOR NAME AND ADDRESS
DESCRIPTION OF GOODS	PRODUCT CODE / HTS CODE
	IMPORTER OF RECORD NUMBER
	PURCHASE ORDER NUMBER
	COUNTRY OF ORIGIN

VESSEL	
VOYAGE	
ETD (Departure at Origin)	
MASTER B/L NUMBER	
AMS B/L NUMBER	
HOUSE B/L NUMBER	
CONTAINER NUMBER	

PLEASE SEND ALL ABOVE REQUIRED INFORMATION 72 HOURS PRIOR TO SHIPMENT BEING LOADED TO THE VESSEL TO YOUR CONSIGNEE. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT PENALTIES BY US CUSTOMS TO IMPORTER.