REFUND APPLICATION FORM

Payer’s Letterhead (Company name reflected in the OR)

REFUND REQUESTED (Choose one):

___________________________
OVERPAYMENT

For Overpayment Refund Requirements
(1) Copy of Official Receipt as proof of payment
(2) Copy of Bank Statement containing Bank account number and address

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CONTAINER DEPOSIT

For Container Deposit Refund Requirements
(1) Copy of Official Receipt as proof of payment
(2) EIR/Equipment Interchanged Report of return empty container.
(3) Copy of Bank Statement containing Bank account number and address

Add’tl Requirement for Broker, if REFUND IS PAYABLE TO BROKER and not yet registered with MCC/Maersk)
(1) Copy of BIR form 2303 (Certificate of Registration)

BILL OF LADING NO: Mandatory

CONSIGNEE NAME: ___________________________ EMAIL:________________________

CONSIGNEE TELEPHONE (cell phone): ___________________________ EMAIL:________________________

CONSIGNEE TELEPHONE (land line): ___________________________

BROKER’S NAME: ___________________________ EMAIL:________________________

BROKER TELEPHONE (cell phone): ___________________________

BROKER TELEPHONE (land line): ___________________________

ACCOUNT NUMBER: Mandatory

ACCOUNT NAME: Mandatory __________________________

AMOUNT TO BE REFUNDED: Mandatory __________________________

TERMS AND CONDITIONS:
1. Agents are the chosen representatives of the consignee and should ensure they obtain the consignees approval for all refund transactions with Maersk Line. If there is no endorsement, refund will be paid to consignee on BL.
2. We will not accept liability for delay of payment due to wrong or incomplete information entered above.
3. No refund request should be processed if the requestor has overdue in the account.
4. Payment will be made to corporate accounts only excluding where a personal name is on the BL.

Declaration:
I solemnly state that the information I have given is true and correct. And hereby agree to the above terms and conditions.

Requestor’s/ Consignee’s Signature above Printed Name
Designation

Broker’s Signature above Printed Name
Designation

REFUND PROCESSOR CONTACT DETAILS
EMAIL: MNLGSCOTCWOREF@maersk.com
All refund concerns, status inquiries and follow-ups, should be communicated thru email
Advise will be duly given when the cheque is ready for release.
One application to be made per BL.; Please keep your copy of all applications.