

Request for LNG Carrier Approval

Terminal User

Company Name:	Contact email:	Contact telephone number:

We hereby nominate the following LNGC that intends to berth at the Terminal and conduct cargo transfer operation:

LNGC name:	
LNGC IMO number:	
LNGC Operator name:	
LNGC Owner name:	
Scheduled loading date of the cargo, at the port of loading:	
Scheduled date of cargo transfer operations at the Terminal:	

We hereby appoint the following person(s) to serve as Point of Contact in the LNG Carrier approval procedure.

1 st Point of Contact name:	
1 st Point of Contact email:	
1 st Point of Contact telephone number:	

Date:

(dd/mm/yyyy of submission of the Request for LNG Carrier approval)

Terminal User:

[Signature]
