

SUPPLIER NAME:
 ORIGIN:
 PO:

REFERENCE

Checklist – Should be completed before shipping the goods.

For availability or completeness of below requirement, please tick Y (Yes) or N (No) or N/A (Not applicable, not required) as Where “N” is ticket, please do not ship unless separate approval is received from Control Tower.

	Requirement	Y	N	N/A
<u>Supplier to fill the Below :</u>				
1	Commercial Invoice (Attested By Chamber of commerce)			
2	Certificate of Origin (Attested By Chamber of commerce)			
3	Packing List			
4	Physical Marking of Goods/Package (Made in Country of Origin), name of the product, Maaden reference (PO number)			
5	Palletization of the cargo			
<u>Consignee to fill the Below (MAC-KN CT)</u>				
1	Import Permit (DGR/CITC or Others)		N	
2	SASO certificate		N	
3	Others when specifically required.		N	

Consignee : (MAC-KN CT)

Name:

Signature:

Date:

Stamp:

Supplier :

Name: _____

Signature:

Date: _____

Stamp:

:

: relevant.