| TIS WORLDWIDE | | | n & return to TIS Worldwide *** n *** Fax: 915-592-1835 *** |
|-------------------|------|-----------------|----------------------------------------------------------------|
| Company | | | |
| Address: | | | |
| | | | |
| City, State, Zip: | | Contact person: | |
| Telephone: | Fax: | Email: | |

Declaration on the determination of the gross mass $\mathcal{Y}^{\hat{a}\hat{a}\hat{A}} = \hat{M}_{\hat{a}\hat{a}} + \hat{M}_{\hat{a}\hat{a}\hat{b}\hat{a}\hat{A}\hat{c}}$

Hereby I declare to $V\dot{Q}\dot{A}$ [/|å, \ddot{a} hat all of the information is complete and accurate. The determination of the gross mass (VGM) of the following container was performed in accordance with SOLAS regulations, which were published by the Maritime Safety Committee (MSC) of the International Maritime Organisation (IMO) on 9 June 2014 in the MSC.1/Circ.1475.

Proof of the admissibility of the method and/or the weighing system used or certification is available and will be provided on request without delay.

| Order reference: | |
|------------------------------------------------|--|
| Container number: ** | |
| Seal number: द्विर्यस्ट्रव्यक्रिके/२०४ Á | |
| Date of weighing/loading: | |
| City and country of weighing/loading: | |

The confirmed gross mass (VGM) within the meaning of the above-mentioned SOLAS Convention, chapter VI, part A, rule 2, of the above-mentioned container is: _____ kg

The confirmed gross mass (VGM) was determined by (*):

□ Weighing of the loaded and sealed container (Method 1)

The weighing system used must meet the tolerance limits and the accuracy classes as set out in the containers country of weighing/-loading.

□ Weighing of all individual packages and cargo items (including pallets, storage materials and other packaging and safety materials) as well as adding the weight (tare) of the container to a total (**Method 2**).

Using method 2 to determine the gross mass in the sense of the above-mentioned SOLAS guidelines, must be approved and certified by the containers country of weighing/-loading.

| | ompany of the authorising person lifferent from above named & mpany)Á |
|--|--------------------------------------------------------------------------|
|--|--------------------------------------------------------------------------|

Place, date

Company stamp/signature

(*) Please indicate with a cross where applicable

** For LCL shipments please provide the certified weight leaving any container weights blank.