



MEMBERSHIP COMMENT FORM (MCF)

From (Company name):
Contact Name:
Phone No:
Fax No:
Email:

To: Palestinian Shippers Council (PSC)

Attn: Majdi Haj Khalil

Phone Number: 02-2976286
Fax Number: 02-2976287

Subject: Customer Message

Dear Majdi,

Enclosed is (company name) comment document which requires your attention and Confirmed receipt.

We would appreciate your prompt action and response.

Best Regards,

MEMBERSHIP COMMENT FORM (MCF)

A: Comment Information

TYPE OF PROBLEM

DESCRIPTION OF PROBLEM

Clearance

 1

Shipping lines & shipping

 2

Borders

 3

Other Problems

 4

Value of incurred cost

B: Shipment Information (if relevant)

B/L no.:

B/L date:

Voyage name:

From (origin):



To (Destination port):

Containers numbers:

Clearing Agent name:

Shipping Agent name:

Actual Location of the containers:

C: Any other Information

PLEASE FILL OUT IN CASE OF ANY OTHER RELEVANT INFORMATION.

PLEASE ATTACH ALL RELEVANT DOCUMENTS.

Name

Signature