# LIQUID BULK CARGO - PLANNING FORM

1. NAME OF TANKER : M.T.
2. AGENT/CHA :
3. LOA/BEAM/DRAFT/DWT :
4. CARGO :
5. EXPECTED TIME OF ARRIVAL (ETA) :
   (DATE & TIME)
6. QUANTITY TO BE LOADED/DISCHARGED
   i) BY PIPELINE :
   ii) BY ROAD TANKER :
7. PUMPING RATE :
8. TIME REQUIRED :
9. TANK-WISE QUANTITY :
10. TIME REQUIRED FOR PRE-DISCHARGE OPERATIONS :
11. TIME REQUIRED FOR PUMPING OF CARGO :
12. TIME REQUIRED FOR POST-DISCHARGE OPERATIONS :
13. TOTAL TIME REQUIRED :
14. EXPECTED TIME OF DEPARTURE (ETD) :
   (DATE & TIME)

(SIGNATURE OF STEAMER AGENT) (SIGNATURE OF TANK OPERATOR)
# DRY BULK CARGO - PLANNING FORM

1. **NAME OF THE VESSEL**: M.V.
2. **AGENT/STEVEDORE**: 
3. **LOA/BEAM/DRAFT/DWT**: 
4. **CARGO**: 
5. **EXPECTED TIME OF ARRIVAL(ETA)**: (DATE & TIME)
6. **TYPE OF CARGO**: 
7. **DENSITY OF CARGO**: 
8. **NO.OF CRANES WITH CAPACITY**: 
9. **SHIP'S GRAB OR HIRED GRAB**: 
10. **GRAB CAPACITY**: 
11. **NUMBER OF HATCHES**: 
12. **HATCH-WISE DISTRIBUTION OF CARGO**

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<th>HATCH 1</th>
<th>HATCH 2</th>
<th>HATCH 3</th>
<th>HATCH 4</th>
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13. **SHIP DAY OUTPUT**

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<tr>
<th>DATE</th>
<th>SHIFT</th>
<th>NO.OF GRAB OPRTS/HOOK</th>
<th>NO.OF HOOKS</th>
<th>TOTAL NO.OF GRABS</th>
<th>TONNAGE</th>
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14. **EXPECTED TIME OF COMPLETION**: 

FOR EXPORT VESSEL: 
CARGO LYING POSITION (INSIDE PORT)

i) **TRANSIT SHED**: 
ii) **DIRECT FEEDING**: 
iii) **TOTAL**: 

(SIGNATURE OF STEAMER AGENT) (SIGNATURE OF STEVEDORE)
**BREAK BULK CARGO - PLANNING FORM**

1. **NAME OF THE VESSEL**: M.V.
2. **AGENT/STEVEDORE**: 
3. **LOA/BEAM/DRAFT/DWT**: 
4. **CARGO**: 
5. **EXPECTED TIME OF ARRIVAL(ETA)**
   (DATE & TIME): 
6. **TYPE OF CARGO**: 
7. **QUANTITY (MQ/BQ)**: 
8. **NUMBER OF HATCHES**: 

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9. **NO. OF CRANES WITH CAPACITY**: 
10. **NO. OF PACKAGES FOR DIRECT DELIVERY**:
    - **NUMBER OF TRAILORS**: 1 PNR MOVEMENT
    - **EXPECTED DATE OF LANDING**: 2.PLOT
    - **EXPECTED DATE OF ENTRY**: 3.OUTSIDE
    - **EXPECTED DATE OF DELIVERY**: 
    - **PARKING AREA**: 
11. **DEPLOYMENT OF EQUIPMENTS**: PORT / PRIVATE
12. **NUMBER OF CRANES WITH TYPE & CAPACITY HIRED**: 
13. **NAME OF THE EQUIPMENT SUPPLIER**: 
14. **SHIP DAY OUTPUT**

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15. **EXPECTED TIME OF COMPLETION**: 
16. **TOTAL PLANNED TIME**: 
17. **OVERSTAYAL HOURS REQUIRED FOR LASHING, IF APPLICABLE**: 

(SIGNATURE OF STEAMER AGENT)  (SIGNATURE OF STEVEDORE)