IOM Sudan
TRANSFER REQUEST FORM

No.:
Date:

SHIPPER INFORMATION		
***Organization:**		***Primary contact:**
***Address:**		***Tel/Cell:**
		Fax/e-mail:
		Secondary contact:
		Tel/Cell:
		Fax/e-mail:

LOADING INFORMATION		
Date of Loading:	IOM will be determined	***Contact person:**
***Location:**		***Tel/Cell:**

CONSIGNEE INFORMATION		
***Organization:**		***Primary contact:**
***Address:**		***Tel/Cell:**
		Fax/e-mail:
		Secondary contact:
		Tel/Cell:
		Fax/e-mail:

BILL OF MATERIAL *Please group inventory by category

Item No.	Category of Goods A: Food/Water B: Shelter C: Medical D: Equipment & Supplies	Description of Material	Est. Volume (M^3)	Est. Weight (Kg)

Remarks:

By returning this form to IOM, Shipper agrees to the conditions set forth below:

- Shipper appoints IOM as the carrier of the above items to the final destination set forth in this request form.
- IOM accepts no responsibility for any loss, damaged or destroyed goods during loading, unloading, and journey to final destination.
- All necessary information (*) is required to be given in full detail. IOM reserves the right to decline loading, and transport of goods without complete information or otherwise in its sole discretion.
- Shipper and Consignee shall provide manpower, and be responsible for the loading and unloading at no cost to IOM. Shipper and Consignee agrees to be responsible for any additional cost including but not limited to cost of manpower and/or truck standby, arising from any delays caused by other circumstances within the control of the Shipper and Consignee.
- IOM shall inform Shipper of expected loading date and delivery, but shall not be liable if these change due to circumstances beyond its control.
- Shipper guarantees that the above items are designated for humanitarian aid and relief support only.