



**AUTHORIZATION FOR EDI SUBMISSION OF CARGO MANIFEST
QUERY RESPONSE FORM**

Please complete the form in block letters and must provide information for those fields marked with "*".

* Carrier Name:	<i>For Internal Use Only</i>
* Contact Person :	
* Contact Tel. No. :	
Contact Fax No. :	

*Response Type & Answer Details (Please tick the appropriate box)																					
<input type="checkbox"/> Responds to Government Query	UMR : <table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td></tr></table>																				
<input type="checkbox"/> Responds by Manifest Amendment (Please also fill in the amendment form)	Query Reference No. : <table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td><td style="width: 15px; border-bottom: 1px solid black;"></td></tr></table>																				
Query Item No.	Answers																				

*** Declaration**
 I hereby declare that all particulars provided in this form are true and correct.
 I hereby authorize Tradelink Electronic Commerce Limited to send and receive the EDI messages related to this submission of cargo manifest to and from Government.

(Signature)	(Company Chop)	(Date)
Name		