

Capacity Reposition Request



Client Details

Client / Company	
Contact name	
Contact number	
Email	
Client reference number	
Date	

Capacity Details

Reposition Request 1

Reposition from

Port	
Slot period	
Capacity amount	

Reposition to

Port	
Slot period	
Capacity amount	

Reposition Request 2

Reposition from

Port	
Slot period	
Capacity amount	

Reposition to

Port	
Slot period	
Capacity amount	

Authorisation

Signature/Initials	
Name	