

**Application: Port Charges Refund – Scheme B (Full Loads)**



Transport Malta

**Section A – Company Details**

Name & Surname: \_\_\_\_\_

I.D. Card Number: \_\_\_\_\_

Company: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Section B – Eligibility Criteria**

- Domestic import or local export of full load containers/trailers/browsers
- Covering period: from 1<sup>st</sup> December 2019 till 31<sup>st</sup> May 2020
- Attachments required: A scanned copy of original receipt/s showing proof of payment and including shipment details

**Section C – Payment Details**

Beneficiary Name: \_\_\_\_\_

Address: \_\_\_\_\_

Beneficiary's Bank/Branch: \_\_\_\_\_

IBAN: \_\_\_\_\_

BIC/SWIFT: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Section D - Declaration**

I, the undersigned, hereby declare that the information given in this application is true and correct to the best of my knowledge and belief.

Name and Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Number of Pages including cover sheet: \_\_\_\_\_

**Section E – Cargo Details**

<b>Container/Trailer Number</b>	<b>Import/Export</b>	<b>Arrival/Departure Date</b>	<b>Vessel Name</b>

Name and Surname: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_