



Vogn- og overdragelsesmanifest

Dato:

Speditør:

Kontaktperson:

Mobilnummer:

Indregistrerings nr:

	OK	NOK	Checked by (initials)
Haulier decl	☐	☐	_____
Seal	☐	☐	_____

If any fields are not OK, shipment needs screening
Please inform the office

Indleveres i



WFS PHARMA

Terminal 1/2

AWB.nr:

Colli:

Kilo:

COL

ERT

CRT

FRO

Bemærkninger

Ankomsttid:

Temperatur på gods:

Chauffør:

For WFS:

All shipments will be handled according to the GDP requirements

All shipments will undergo PIL check upon acceptance