

Data Type M
20 Month
Bundle No. Folio No.

Sheet No.
Total Gross Kilos
Total F.O.B Value \$

PROCESSING SHEET FOR IMPORT

Write data for columns 2, 14, 16, and 18 below the dotted lines

Line no.	3	6	1	3	3	7		10		1	1	1	1	4		4		7	7	2	7	5
	Document Sequence No.	Customs Control No.	Type of Document	Country of Origin	Commodity Sequence No.	2004 PSCC	Gross Weight (Kilo)	Quantity	Pref. Treatment	Terms of Delivery	F.O.B value in U.S. Dollars	Insurance Cost	Insurance Code	Freight Cost	Freight Code	Local Port of Unloading	Local Port of Destination	Importer's Code	Feeder/Direct Carrier's Code	Type of Handling Packing	Registry No.	Foreign Port of Loading
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
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