

# Port Facility Empty Container Return Confirmation Slip

Document No.: \_\_\_\_\_

**Date**

**Time**

**Gate In No.**

**Location**

**Trucking Company**

**Driver Name**

**Driver IC/ID**

**Truck/Trailer No.**

No.	Container No.	Size/Type	Condition (E.g.: Clean/Damaged)	Seal No.	Remarks

**Remarks**

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Security/Checker's Signature

\_\_\_\_\_  
Port Authority/Officer

