

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

