



**NOTIFICATION FOR PLUG-OUT  
REEFER SERVICE**  
(NPRS)Ver 1.00

**DATE /TIME**  
(MM-DD-YYYY) / (0000 H)

Note: This SERVES AS OFFICIAL NOTIFICATION from the Shipper/Consignee or Authorized Representative for the Plug-out of Reefer Container Van from the PPA Reefer Facility. The shipper/consignee or authorized representative is responsible in providing accurate information therein. This notification shall be filed with the Reefer Services Unit at least one (1) hour from requested plug-out time.

**A. SHIPPER/CONSIGNEE & CARRIER INFORMATION**

NAME OF SHIPPER/CONSIGNEE			
Name of Carrier Vessel		Voyage Number	

Count	REEFER CONTAINER NUMBER	REQUESTED PLUG-OUT		REMARKS Please indicate any of the following, as applicable: <b>1.</b> For loading, <b>2.</b> For withdrawal, <b>3.</b> For X-Ray, <b>4.</b> For extended plug-in
		Date	Time	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

<b>Contact Details</b>	<b>ACCOMPLISHED BY:</b>
Email Mobile	  Signature Over Printed Name <b>SHIPPER/CONSIGNEE/ OR AUTHORIZED REPRESENTATIVE</b>