



ISF FORM

Please submit this ISF Form (3) days prior to sailing of the Vessel from Lord port.

VESSEL DETAILS

| | | | | | |
|---|----------------------|---|----------------------|----------------|----------------------|
| Estimated Sailing date of Mother Vessel (ETD) | <input type="text"/> | | | | |
| Vessel Name | <input type="text"/> | ETA - Arrival Date | <input type="text"/> | | |
| Voyage Number | <input type="text"/> | Shipping Line | <input type="text"/> | Line SCAC Code | <input type="text"/> |
| | | <small>(4 alpha character carrier code)</small> | | | |
| AMS Master B/L Number | <input type="text"/> | Forwarder SCAC Code | <input type="text"/> | | |
| AMS House B/L Number | <input type="text"/> | Port of Loading | <input type="text"/> | | |
| Load Date | <input type="text"/> | Port of Arrival/Discharge/Entry | <input type="text"/> | | |

CONTAINER DETAILS

| | | | | | | | |
|-------------------|----------------------|-----------------|----------------------|--------------|----------------------|---------------|----------------------|
| Container Number | <input type="text"/> | A/Seal Number | <input type="text"/> | | | | |
| Gross Weight (kg) | <input type="text"/> | Net Weight (kg) | <input type="text"/> | CBM | <input type="text"/> | Total Cartons | <input type="text"/> |
| PO Number | <input type="text"/> | Invoice Number | <input type="text"/> | Invoice Date | <input type="text"/> | | |

IMPORTER/CONSIGNEE/BUYING PARTY DETAILS

| | |
|--------------------|---|
| Name | Saffron Fabs Corporation |
| Address | 6177, Stonepath Circle, Centreville, VA 20120 USA |
| Importer of Record | Saffron Fabs Corporation EIN: 47 - 1892008 |
| Ship to Party | Saffron Fabs Corporation, 22611 Markey Court, Suite 106, Sterling, VA 20166, USA |

SHIPPER/EXPORTER/MANUFACTURER/SELLER DETAILS

| | | | | | | | |
|------------------------|----------------------|-------|----------------------|---------|----------------------|---------|----------------------|
| Shipper Name (Company) | <input type="text"/> | | | | | | |
| Address | <input type="text"/> | | | | | | |
| | <input type="text"/> | | | | | | |
| City | <input type="text"/> | State | <input type="text"/> | Pin/Zip | <input type="text"/> | Country | <input type="text"/> |
| Contact/Name | <input type="text"/> | Phone | <input type="text"/> | Email | <input type="text"/> | | |

FORWARDER DETAILS

Forwarder Name (Company)

Address

City State Pin/Zip Country

Contact/Name Phone Email

CONSOLIDATOR DETAILS

Consolidator Name (Company)

Address

City State Pin/Zip Country

Contact/Name Phone Email

CONTAINER STUFFING DETAILS

Container Stuffing Name (Company)

Address

City State Pin/Zip Country

Contact/Name Phone Email

PRODUCT/COMMODITY DETAILS

| PRODUCT NAME | DESCRIPTION (Material Composition) | HTS CODE (minimum of 6 digits) https://hts.usitc.gov | COUNTRY OF ORIGIN |
|---------------------|---|---|--------------------------|
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