**Letter of Indemnity – Extra Container Seal**

Local, Date

**To: Local Office Name**

We kindly request you to release total *(quantity required)* Extra Seal(s).

Reason of this request:

**No. Booking / No. BL:**

**Company: OCEAN NETWORK EXPRESS (LATIN AMERICA) AGÊNCIA MARÍTIMA LTDA.**

**Vessel / Voyage:**

**Port f Origin:**

**Port of Destiny:**

**Container number(s):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

*Remarks: Please consult Container Seal Fee (SLF) at* [*www.one-line.com*](http://www.one-line.com) *in eCommerce Applications, Rate & Tariff.*