

Sample Collection Request Form

To enable us to process your request efficiently, please ensure all the fields listed are completed. Please email your completed form as an attachment to samplogic_admin@v-p-s.com

SAMPLE INFORMATION

Vessel's Name: _____

IMO Number: _____

No. of Samples: _____

Requestor Name: _____

Email Id: _____

Agent's CC Email: _____

Tel No.: _____

PICKUP INFORMATION

Country: _____

Company Name: _____

Person to Contact: _____

Tel No.: _____

Pick Up Address: _____

City: _____

Postal Code: _____

Preferred Date: _____

Preferred Time: _____

Note:

- By sending this request, you agree to the Privacy Policy and the VPS Terms and Conditions for booking
- By sending this request, you agree that this shipment does not contain undeclared Dangerous Goods. If you are uncertain of whether your shipment contains Dangerous Goods, please contact VPS at samplogic_admin@v-p-s.com

Requestor's Signature and Vessel Stamp

Date : _____