

For Service Receivers

1. Name of Organisation /Agency :

2. What services do you avail of (Please tick in case of other please write the name of service)

Agency	Nature of Service	Tick
Port	Ship related Service	
	Cargo related service	
	Others	
Shipping Line	Carriage of goods	
	Others	
Shipping Agent	Documentation	
	Consolidation	
	Others	
Stevedore	Ship loading/ unloading	
	Gear supply	
	Others	
Multi Modal Operator	Door to door services (indicate where to where)	
	Partial sectors (Indicate sector of the service)	
Custom House Agent	Custom clearance	
	Cargo Consolidation	
	Delivery/collection of cargo (Indicate place of collection/ delivery)	
	Others	
Freight Forwarder/ Consolidator	Freight Brokerage	
	Freight Forwarding	
	Cargo consolidation	
Transporter	Transport of goods within port	
	Transport of goods outside port (By road)	
	Transport by rail	
Surveyor	Cargo survey	
	Vessel Survey	

3. : Volume of work done in last three years.

Container/Cargo in (TEU/TON)	2006-07				2005-06				2004-05			
	IMP		EXP		IMP		EXP		IMP		EXP	
	TEU	TON	TEU	TON	TEU	TON	TEU	TON	TEU	TON	TEU	TON
Port Stuffed/destuffed												
Factory Stuffed/destuffed												

4. : Which ports do you use? (Last 3 years)

2006-07		2005-06		2004-05	
Port	Quantity (Ton)	Port	Quantity (Ton)	Port	Quantity (Ton)

5. : How are the charges for the services used?

- (i) Notification/rate card
- (ii) Discount
- (iii) Negotiation.

6. : How are you aware of charges ?

- 1 Advertisement – Print
- 2. Advertisement – Internet
- 3. Printed Circular
- 4. Personal Contacts
- 5. Any other (Please specify)

7. Do you receive full details as regards services provided by the service provider and the rate structure ?

8. : Are you satisfied with the system of service, fixation of rates thereof ?

9. : Any areas in your opinion requiring correction/ modifications etc.

10. : Any other comments/ suggestions.

Signature

