



ST VINCENT & THE GRENADINES PORT AUTHORITY

CLAIM REQUEST FORM- CARGO ONLY

Name of Claimant	
Address	
Cell No.	
Home No.	
Work No.	

Types of Claim:

Please indicate by placing a tick in the appropriate box provided below

- Short Delivery
- Damaged goods
- Goods not found
- Other

Description of Claim:

Name of Vessel	
Date of Arrival	
Name of Consignee	
Date of Attempted Clearance	

Signature: _____

Date: _____