

**STRIPPING / STUFFING GUIDELINES AND CONDITIONS**

1. Request must be submitted on weekdays except holidays from 08:00 to 12:00 of the Request Date. Request submitted after 12:00 will be processed on the next working day. Incomplete requirements will not be processed.
  2. Approved schedule should be acknowledged by requestor before 16:00 of the request submission date or schedule will be considered as cancelled. No stripping/stuffing schedule during Sundays and holiday
  3. Confirmed scheduled of stripping/stuffing with gang may only be cancelled until 17:00 of the request date, any cancellation beyond that hour will be subject to gang foul trip charges.
  4. Charges and other requirements such as but not limited to access pass , delivery order, SBMA Seaport and BOC Holds should be settled 30 minutes before the approved date and time.
- Note: Only SBMA\_Permission may be lifted during the activity but cargo will be hold for gate out until hold is lifted. Should the holds not be lifted in time, continuous container charges will apply.
5. Requestor, concerned authorities, trucks, or any other required personnel and equipment not under the terminal's scope fail to arrive within one (1) hour after the approved schedule, the terminal may opt to cancel and reschedule the activity (regardless if container will be subject to storage and/or demurrage).
  6. No activity shall commence later than 15:00 of the scheduled day.
  7. Activities not completed by 16:00 of the scheduled day will be subject to overtime charges, minimum of 2 hours, subject to terminal approval.
  8. Equipment rental will follow the approved start time. Usage beyond 6 hours will incur charges, and any last-minute cancellation will require a new equipment rental fee.

**STRIPPING / STUFFING FORM**

Please write legibly.

NAME OF REQUESTOR	_____	SUBMISSION DATE	_____
CONTACT NUMBER	_____	NATURE	<input type="checkbox"/> STRIPPING <input type="checkbox"/> STUFFING <input type="checkbox"/> EXAM
CONTAINER TYPE	<input type="checkbox"/> DRY <input type="checkbox"/> OPEN TOP <input type="checkbox"/> FLAT RACK <input type="checkbox"/> REEFER	SIZE	<input type="checkbox"/> 20' <input type="checkbox"/> 40' <input type="checkbox"/> 45'
EXAMINATION (if applicable)	<input type="checkbox"/> 10% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> OTHER (please specify) _____		
TARGET ACTIVITY DATE (for approval)	_____ (MMM/DD/YYYY)	TIME	_____ (HH:MM)
CONTAINER NUMBER/S	_____ _____ _____ _____		
			Requestor's Full Name and Signature

**Acknowledgement**

*By completing and signing the form above, I acknowledge that I have read, understood, and agreed to comply with the guidelines and timeline stated above.*

(to be filled by SBITC)

APPROVED SCHEDULE	DATE	_____ (MM/DD/YYYY)	TIME	_____ (HH:MM)
EQUIPMENT/GANG REQUIREMENT	_____			
APPROVED BY	_____	SIGNATURE	_____	

**STRIPPING / STUFFING REPORT**

START DATE/TIME	_____ (MM/DD/YYYY HH:MM)	END DATE/TIME	_____ (MM/DD/YYYY HH:MM)
Notes:	_____ _____ _____		

Acknowledged by:

Accomplished by:

\_\_\_\_\_  
Broker's Representative  
[Complete Name, Date, Signature]

\_\_\_\_\_  
Operation - Special Services  
[Complete Name, Date, Signature]

## WAIVER OF LIABILITY

I, \_\_\_\_\_, AS AN AUTHORIZED REPRESENTATIVE OF THE COMPANY INDICATED BELOW, HEREBY ASSUME ALL OF THE RISKS IN ANY AND ALL ACTIVITIES CONDUCTED:

- OUTSIDE THE SCOPE OF THE TERMINAL'S CONCESSION AGREEMENT WITH
- OUTSIDE THE TERMINAL'S PREMISES; and/or
- ARISING FROM MY/OUR SPECIAL REQUESTS,

including but not limited to, any risks that may arise from negligence or carelessness on the part of the Terminal or from dangerous or defective equipment or property the Terminal owns, maintains, or controls. *Terminal* herein refers to Subic Bay International Terminal Corporation (SBITC).

I acknowledge that the Terminal and its employees, directors, officers, volunteers, representatives, sub-contractors, and agents are NOT responsible for the errors, omissions, acts, or failure to act of any party or entity conducting the activity on the Terminal s behalf.

In consideration of the Terminal s services outside the scope of its Concession Agreement and/or outside the Terminal s premises or arising from my/our special requests, I hereby take action for myself, on behalf of the company I represent, employees, directors, officers, representatives, agents, and assigns to:

(A) WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability for any loss of profit, loss of sales, loss of business, loss of goodwill or reputation, third party claims (in each case, whether direct or indirect) or for any indirect or consequential loss in respect of all claims, losses or damages, whether arising from tort (including negligence), bailment, breach of contract, breach of statutory duty or otherwise under or in connection with the Terminal s standard conditions, performance or any failure or delay in performance of the services or any obligation under the standard conditions (including delay to a container ship or cargo) or termination of the agreement constituted by the standard conditions; and

(B) INDEMNIFY, HOLD HARMLESS, and PROMISE NOT TO SUE the Terminal, its parent company/ies, subsidiary/ies, related company/ies within the same group of company as the Terminal s, or any of the persons mentioned above, from any and all liabilities or claims made as a result of participation in this activity/ies, whether caused by negligence or otherwise.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENTS AND THE CONSEQUENCES THEREOF. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A BINDING CONTRACT AND THAT I AM SIGNING THE SAME OUT OF MY OWN FREE WILL.

**Represented by:**

**Name of the Company / Entity:**

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Printer Name of Customer/Client/Representative  
(Please print legibly)