

## POAL Container Terminal – Priority Container Delivery

**Container(s) must have all clearances before requesting a Priority Container Delivery.**

**Complete this form and attach a copy of either the manifest or bill of lading for the container.**

Containers must contain items from one of the following:

- Medical or pharmaceutical
- Food, beverage and other key consumer goods essential for maintaining the wellbeing of people.

Email this form to:

POAL Customer Service at [CustomerServiceC@poal.co.nz](mailto:CustomerServiceC@poal.co.nz) and [copy](#) your transport company on the email.

<b>Name of Importer</b>	
<b>Vessel</b>	
<b>Voyage</b>	
<b>Line Operator</b>	

Container No.	Description of Goods	OOG (YES/NO)	Intended Pick Up Date	Transport Company

***Please submit this Priority Container Delivery form approximately 72 hours prior to vessel arrival.***

***Email the form during Customer Service working hours: between 0700 and 1900 hours on weekdays and between 0700 and 1500 on Saturdays.***