

Messrs.
MSC MEDITERRANEAN SHIPPING DO BRASIL LTDA
MSC MEDITERRANEAN SHIPPING COMPANY S/A

Attn. Documentation Department

Letter of Responsibility

1. ***Bill of Lading nr.:*** []
2. ***Booking nr.:*** []
3. ***DDE nr.:*** []
4. ***CE nr.:*** []

As legal representatives of (Shipper's or Consignee's Registered Name), with head offices (state address and Corporate Taxpayer Nr.), Email (indicate valid email address for contact), we hereby request you to change the information in reference to the above-named shipment in the SISCOMEX CARGA system, by making the necessary adjustments, as follows:

(Description of requested modifications, indicating reasons therefor)

NOW READS: []

SHOULD READ: []

We, hereby, assume full responsibility for indemnifying the Carrier, MSC Mediterranean Shipping Company, or its General Agents in Brasil, MSC Mediterranean Shipping do Brasil, or yet its local agents, for any burdens they may have to sustain by reason of the requested change(s), because we are aware that such requests may be subject to the application of fines, and the imposition of other penalties by the competent authorities.

In this respect, we, hereby, undertake to settle any eventual fines and other penalties arising from the aforesaid request(s), or to reimburse yourselves by depositing in your bank account within 48 hours (forty eight hours), as from the date we shall have been informed by MSC Mediterranean Shipping do Brasil as to the existence of a fine/penalty.

We confirm that the information may be delivered by electronic means (e-mail).

Likewise we, hereby, declare that in the event of inexact information or false description for issuing the relevant Bill of Lading, we will assume, in accordance with Article 475 of the Brazilian Civil Code and other applicable regulations, the responsibility for indemnifying whatever damages caused to either the Carrier or its agents.

[Company Logo, Address, Phone/Fax]

We also authorize, *should there be a voluntary non-fulfillment of the obligations herein undertaken*, the issuing of an invoice for the amount of the damages to be indemnified or reimbursed.

We are aware that should said invoice not be paid within 30 (thirty) days from its maturity date, it will imply on informing said debt to the appropriate credit protection agencies, in accordance with the law, without prejudice to other pertinent legal measures.

Yours Truly,

Name of Company
Name and Title of Legal Representative

***** SIGNATURE ACKNOWLEDGED BY NOTARY PUBLIC *****

Witnesses:

1 - Name: [_____]
RG nr. : [_____]

2 - Name: [_____]
Rg nr.: [_____]