**20’ Feet Cell Guide Whether In (Hatch Or On Deck)**

**Vessel Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MARSA IVY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there bays fitted with **20’ feet** cell guides (Yes / No): \_\_\_\_\_**NO**\_\_\_\_\_\_\_\_

If there is **20’ feet** containers cell guides,
which bays are with **20’ feet** containers cell guides: \_\_\_\_\_\_\_\_\_\_\_\_**N/A**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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C/O AHAIEV AIDYN

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**Name & signature of Chief Officer / Agent Chief Officer / Agent's company**

**Authorized Representative stamp, and date/time submitted**