**Varuanmälan till Gävle Hamn AB**

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| **Fartygets namn** | **Ankomstdatum** | **Anlöp nr** |
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| **Från** | **Avgångsdatum** | **Kajplats** |
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| **Betalningsansvarig** | **Varuslag** | | **Kvantitet** | **Anmärkning** |
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| **Datum:** | | **Moms** | **VAT nr** | |
| ………………………………………………………………………………………  Namnunderskrift | | Ja  Nej |  | |

Varuanmälan skickas via e-post till: **trafik@gavlehamn.se**