

**IMPORTER SECURITY FILING (ISF)
INFORMATION SHEET**



TRANSATLANTIC NORTH AMERICA INC.

Form MUST be completed in English and provided to the USA office no later than 72 hours prior to vessel departure

The following to be completed by shipper and verified by ISF Filer:

Manufacturer (or supplier) name and address	Seller name & address (if different from Manufacturer)
Buyer Name & address (if different from Importer)	Ship-to name and address
Container stuffing location (name and address)	Consolidator (stuffer) name and address

Below fields can be left blank only if Commercial Invoice & Packing List accompany this form

Commodity/Description	HTS#	Country of Origin	Manufacturer Name and Address

The following to be completed by forwarder:

Master B/L#	House B/L#	Vessel Name	Voyage
AMS B/L#	SCAC Code	Departure Date	Arrival Date

The following to be completed by ISF Filer/Importer:

Importer of Record #	Consignee #	Ship To Name and Address

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Origin Office Information	Transatlantic North America 1525 Chase Avenue Elk Grove Village, IL 60007 Office: 630-350-7201 Fax: 630-350-7203
Name of Sender:	
Date/Time Sent:	
Return Email/Fax:	