

## SHORT/LONG TERM EQUIPMENT /CARGO GEAR HIRE AGREEMENT / OVERTIME PAYMENT REQUEST

SR.No.			Date:	
Name of HIRER:				
ADDRESS:				
Name of Hirer's Represe	entative:			
GSM Number:				
Type of Services Requir	ed: For Equipment or c	argo Gear Hiring	/Overtime payme	nt
Equipment No.				
Timings of Hire/Overtim	<u>ne required:</u>			
Date	Time from	Time up to	То	tal Hours

Type of deal capacity Nambers required Time from Time up t	Type of Gear	Capacity	Numbers required	Time from	Time up to
--	--------------	----------	------------------	-----------	------------

RATE /PER HR.	TOTAL HOURS	TOTAL AMOUNT
	TOTAL:	

Remarks:-

Marafi assumes no liability for personal injury or damage to property which may result from the use of the above hired equipment or gears.

The hire charges must be paid in cash in advance for a minimum period of 2 hours in case of short term hire and for a minimum period of one month in case of long term hire to the Marafi cashier.

Signature (Hirer's representative) Signature (MARAFI Operations Coordinator)