



Cargo Proposal Form	
Clients Details	
Client Name:	
Company Registration Number:	
VAT Registration Number:	
Contact Person:	
Telephone Number:	
Email Address:	
Physical Address:	
Commodities	
Subject Matter Description:	
New or Used:	
How will the goods be Conveyed	
Full Container Load:	
Lesser Container Load:	
Conveyances (where applicable)	
Road/Rail/Sea and/or Air:	
Voyages (where applicable)	
Imports from:	
Exports to:	
Cross Voyages:	
Local:	
Limits (where applicable)	
Imports any one conveyance:	R
Exports any one conveyance:	R
Cross Voyages any one conveyance:	R
Local any one conveyance:	R
Turnover (where applicable)	
Estimated Imports Turnover:	R
Estimated Exports Turnover:	R
Estimated Cross Voyages Turnover:	R
Estimated Local Turnover:	R
Incoterms	
Sales:	
Purchases:	
I declare that I have disclosed all material facts and understand the failure to do so could render the insurance void. I also declare that the amounts stated above are the full values of the goods at destination and that I have declared all items that I wish to ensure with all details requested. I also understand that this declaration will form part of the policy conditions.	
Applicants Name:	
Applicants Signature:	Application Date: