

Once-Off Transit Proposal Form	
Clients Details	
Client Name:	
Company Registration Number:	
VAT Registration Number:	
Contact Person:	
Telephone Number:	
Email Address:	
Physical Address:	
Commodities	
Subject Matter Description:	
Quantity:	
Packaging:	
Conveyances (where applicable)	
Mode/s of Transport:	
Vessel Name:	
Voyage Number:	
Container Number/s:	
Seal Number/s:	
Transit Details (where applicable)	
Point of Departure:	
Via:	
Deliberate Storage Location:	
Destination:	
Transit Date:	
Insured Values (where applicable)	
Supplier Invoice Value:	R
Customs VAT Charge:	R
Delivery Cartage Charge:	R
International Freight Charge:	R
Freight Collection Fee:	R
Bailee Fee:	R
Destination Agency Fee:	R
Destination Documentation Fee	R
Total Insured Value:	R
<p>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.</p>	
Applicants Name:	
Applicants Signature:	