


**NOTE: THE RED FIELDS ARE MANDATORY IN ORDER TO ARRANGE CLEARANCE.
THE BALANCE OF INFORMATION IS NECESSARY TO ENSURE CORRECT MOVEMENT AND COSTING.**

IMPORT CLEARING INSTRUCTION (AIRFREIGHT)

IMPORTER (FULL CUSTOMS REGISTERED ADDRESS)	IMPORTER'S REFERENCE IMPORTER'S CUSTOMS CODE IMPORTER'S VAT NUMBER
DELIVERY ADDRESS FOR CLEARED CARGO (IF DIFFERENT FROM IMPORTER)	 <p>Unit 9 Isando Industrial Park, Power Street, Isando, 1600, South Africa Tel: +27(0)11 974 1144 Fax: +27(0)11 974 1147 info@logisticor.com www.logisticor.com</p>
FLIGHT NUMBER AND DATE	
MASTER AIRWAYBILL NUMBER	
HOUSE AIRWAYBILL NUMBER	

CARGO DETAILS

MARKS & NUMBERS	NR. PACKAGES	DESCRIPTION OF GOODS	GROSS MASS

CLEARANCE REQUIRED (MARK WITH AN "X")

<input type="checkbox"/> DP – CLEARED FOR CONSUMPTION	<input type="checkbox"/> GR – GENERAL REBATE
<input type="checkbox"/> WH – WAREHOUSED/BOND STORE	<input type="checkbox"/> WE – WAREHOUSED FOR EXPORT
<input type="checkbox"/> RIT – REMOVED IN TRANSIT	<input type="checkbox"/> OTHER – SPECIFY _____

(IF NOT COMPLETED, WE WILL ASSUME ALL CARGO IS TO BE "DP" FOR HOME CONSUMPTION)

CUSTOMS VALUATION AND TARIFF DETERMINATION

VALUATION CODE <input type="checkbox"/> RELATED <input type="checkbox"/> NOT RELATED <input type="checkbox"/> EXEMPT	VALUATION METHOD <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6
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VDN NO.	MARK UP	ACCEPTED INVOICE PRICE
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TARIFF CODE	RATE OF DUTY IF KNOWN
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DOCUMENTS ENCLOSED (MARK WITH AN "X")

<input type="checkbox"/> COPY MAWB	<input type="checkbox"/> DA65 (PROOF OF EXPORT UNDER SUPERVISION)
<input type="checkbox"/> COPY HAWB	<input type="checkbox"/> EUR1/SADC CERTIFICATE
<input type="checkbox"/> SUPPLIER COMMERCIAL INVOICE	<input type="checkbox"/> LITERATURE
<input type="checkbox"/> SUPPLIER PACKING LIST	<input type="checkbox"/> INSURANCE CERTIFICATE
<input type="checkbox"/> IMPORT PERMIT	<input type="checkbox"/> PORT HEALTH OR VETERINARY CERTIFICATE
<input type="checkbox"/> CERTIFICATE OF ORIGIN	<input type="checkbox"/> LIQUOR LICENCE
<input type="checkbox"/> OTHER (SPECIFY) _____	<input type="checkbox"/> OTHER (SPECIFY) _____

OTHER DETAILS

DID LOGISTICOR PROVIDE AN ESTIMATE FOR THIS IMPORT? NO YES – PLEASE PROVIDE ESTIMATE REF.: _____

DO YOU REQUIRE MARINE INSURANCE? NO YES

SPECIAL REQUIREMENTS / INSTRUCTIONS

DECLARATION BY IMPORTER

I DECLARE THAT ALL INFORMATION SUPPLIED HEREIN IS TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT.

NAME: _____ **DESIGNATION:** _____ **SIGNATURE:** _____

DOCUMENTS RECEIVED BY LOGISTICOR

NAME: _____ **DATE & TIME:** _____ **SIGNATURE:** _____

ALL TRANSACTIONS HANDLED IN ACCORDANCE WITH OUR STANDARD TERMS AND TRADING CONDITIONS.