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 (OCEANFREIGHT)

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)	LOGISTICOR GLOBAL LOGISTICS PROVIDERS
VESSEL AND VOYAGE	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
BILL OF LADING NUMBER	
CONTAINER NUMBER(S)	

CARGO DETAILS

MARKS & NUMBERS	NR. PACKAGES	DESCRIPTION OF GOODS	GROSS MASS	CUBIC MEASURE

CLEARANCE REQUIRED (MARK WITH AN "X")

- ☐ DP – CLEARED FOR CONSUMPTION
- ☐ WH – WAREHOUSED/BOND STORE
- ☐ RIT – REMOVED IN TRANSIT
- ☐ GR – GENERAL REBATE
- ☐ WE – WAREHOUSED FOR EXPORT
- ☐ OTHER – SPECIFY _____

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

CUSTOMS VALUATION AND TARIFF DETERMINATION

VALUATION CODE
- ☐ RELATED
- ☐ NOT RELATED
- ☐ EXEMPT

VALUATION METHOD
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6

VDN NO.	MARK UP	ACCEPTED INV. PRICE

TARIFF CODE 99999

RATE OF DUTY IF KNOWN 99999

DOCUMENTS ENCLOSED (MARK WITH AN "X")

☐ ORIGINAL BILL OF LADING	☐ DA65 (PROOF OF EXPORT UNDER SUPERVISION)
☐ COPY BILL OF LADING	☐ EUR1/SADC CERTIFICATE
☐ ARRIVAL NOTIFICATION / SOB DETAILS	☐ LITERATURE
☐ SUPPLIER COMMERCIAL INVOICE	☐ INSURANCE CERTIFICATE
☐ SUPPLIER PACKING LIST	☐ PORT HEALTH OR VETERINARY CERTIFICATE
☐ IMPORT PERMIT	☐ LIQUOR LICENCE
☐ CERTIFICATE OF ORIGIN	☐ 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 (MINIMUM 5 WORKING DAYS PRIOR TO ARRIVAL)

NAME: _____ DATE & TIME: _____ SIGNATURE: _____

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