

**IMPORTER**

From: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
 Reference No.: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Customs Code No: \_\_\_\_\_  
 Date: \_\_\_\_\_

**IMPORTER'S CLEARING & FORWARDING INSTRUCTIONS**

**To: CLEARFREIGHT (PTY) LTD**

HEAD OFFICE	DURBAN	CAPE TOWN
<input checked="" type="checkbox"/> 16415	<input checked="" type="checkbox"/> 16415	<input checked="" type="checkbox"/> 16415
Doornfontein 2028	Doornfontein 2028	Doornfontein 2028
Johannesburg	Durban	Cape Town
14 Crucible Road	Unit F4 35 Intersite Avenue	Unit 19 Platinum Junction
Heriotdale Ext 6	Umgeni, Durban	School Rd., Milnerton
☎ (011) 856 6600	☎ (031) 263 2970	☎ (021) 551-8424

**SHIPMENT DETAILS**

IMPORTER'S SHIPMENT NO: _____	SEA/AIR PORT OF ENTRY: _____
SHIP'S NAME/FLIGHT NO: _____	NO. OF PACKAGES: _____
BILL OF LADING/AIRWAY BILL NO _____	E.T.A _____ CONTAINER/AWB NO _____
ADVANCED PAYMENT NOTIFICATION: _____	ARE THE GOODS NEW OR USED? _____

**DOCUMENTS ATTACHED (Mark X as necessary)**

- |  |   |
|--|---|
| <input type="checkbox"/> Negotiable Bill of Lading       | <input type="checkbox"/> Supplier's commercial Invoices                 |
| <input type="checkbox"/> Non -negotiable Bill of Lading  | <input type="checkbox"/> Packing Specification                          |
| <input type="checkbox"/> Container Arrival Notice        | <input type="checkbox"/> Statement of costs and expenses                |
| <input type="checkbox"/> Certificate of Origin (DA59)    | <input type="checkbox"/> Insurance Certificate                          |
| <input type="checkbox"/> Descriptive Literature, etc     | <input type="checkbox"/> Copy of order/ indent                          |
| <input type="checkbox"/> Industrial Permit (Item 460,00) | <input type="checkbox"/> Freight invoice from forwarder / shipping line |

**MARINE INSURANCE**

<input type="checkbox"/> INSURE ON A ONE-OFF BASIS BASIS OF VALUATION	<input type="checkbox"/> DO NOT INSURE	<input type="checkbox"/> INSURE UNDER OPEN POLICY BASIS OF VALUATION
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**DELIVERY / ON - FORWARDING INSTRUCTION**

Deliver to: \_\_\_\_\_ By:  Road  Rail  Air  Other Specify

Supplier loading address and contact details: _____	CARRIER: _____
_____	SERVICE: _____
_____	INCO TERM: _____
_____	LCL OR FCL: _____
_____	RATE (If applicable) _____

**IMPORT CONTROL REGULATIONS**

PERMIT NO: \_\_\_\_\_

<input type="checkbox"/> ATTACH HERETO	<input type="checkbox"/> RETURN AFTER USE
<input type="checkbox"/> HELD BY YOU	<input type="checkbox"/> SPLIT AS FOLLOWS

**VALUE ADDED TAX**

VAT CERTIFICATE NO: \_\_\_\_\_

<input type="checkbox"/> PAY VAT	<input type="checkbox"/> DO NOT PAY VAT
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**ACCOUNT DISTRIBUTION INSTRUCTION**

DEBIT: \_\_\_\_\_ POST TO: \_\_\_\_\_

**SPECIAL INSTRUCTIONS (Specify)**

**CUSTOMS ENTRY INSTRUCTIONS (Mark X as necessary)**

01 PURPOSE	<table border="1" style="font-size: small;"> <tr><td>DP</td><td>DUTY PAID/DUTY FREE</td></tr> <tr><td>XDP</td><td>(Other than rebated)</td></tr> <tr><td>WH</td><td>WAREHOUSING</td></tr> <tr><td>WE</td><td>WAREHOUSING FOR EXPORT</td></tr> </table>	DP	DUTY PAID/DUTY FREE	XDP	(Other than rebated)	WH	WAREHOUSING	WE	WAREHOUSING FOR EXPORT	<table border="1" style="font-size: small;"> <tr><td>IR</td><td>SCH 3 ITEM NO: _____</td></tr> <tr><td>XIR</td><td>INDUSTRY AND USE: _____</td></tr> <tr><td>GR</td><td>SCH 4 ITEM NO _____</td></tr> <tr><td>XGR</td><td>NAME OF INSTITUTION: _____</td></tr> </table>	IR	SCH 3 ITEM NO: _____	XIR	INDUSTRY AND USE: _____	GR	SCH 4 ITEM NO _____	XGR	NAME OF INSTITUTION: _____
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03 TARIFF DETERMINATION	A. PUBLISHED DETERMINATION	B. UNPUBLISHED DETERMINATIO
_____	REF: _____	DATE _____
_____	TDN NO: _____	Place of Issue _____ T/HDG: _____

04 CUSTOMS VALUATION	VALUATION CODE	<table border="1"> <tr><td>R</td><td>RELATED</td></tr> <tr><td>N</td><td>NOT RELATED</td></tr> <tr><td>E</td><td>EXEMPT</td></tr> </table>	R	RELATED	N	NOT RELATED	E	EXEMPT	VALUATION METHOD	VDN NO	MARK UP %	ACCEPT INVOICE PRICE
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N	NOT RELATED											
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_____	_____	_____	<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> </table>	1	2	3	4	5	6	_____	_____	_____
1	2	3										
4	5	6										

**PLEASE COMPLETE, SIGN AND INSTRUCTION FOR EVERY SHIPMENT**

I \_\_\_\_\_ AM EMPLOYEE OF THE  
 IMPORTER, CERTITY THAT I HAVE AUTHORITY TO THESE CLEARING  
 INSTRUCTIONS.  
 \_\_\_\_\_  
 Signature