



CLEARING AND FORWARDING INSTRUCTION FORM

NB: MUST BE COMPLETED AND SIGNED BY THE IMPORTER/EXPORTER.

1. IMPORTER/EXPORTER DETAILS:		
POSTAL ADDRESS: PHYSICAL ADDRESS:		
CONTACT PERSON:		
TEL:	FAX:	
EMAIL:		
VAT NUMBER :		
INVOICE NUMBER:		
	2. SHIPMENT DETAILS	
VESSEL /VEHICLE NAME:		PORT OF LOADING:
BILL OF LADING NO:	AIRWAY BILL NO:	ROAD MANIFEST
DECSRIPTION OF GOODS (HS Code):		
3. TYPE OF SHIPMENT		
5. TTPE OF SHIPMENT		
FCL LCL	BREAK BULK CONTAINER NUMBER:	Other, kindly Specify:
4. CUSTOMS ENTRY INSTRUCTIONS		
X Import CUSTOMS PROCUDE	CODE (CPC)	X COUNTRY
X IM4: DIRECT IMPORT FOR HO	DME USE X (CPC)	X NA: NAMIBIA BW: BOTSWANA
IM5: TEMPORARY IMPORT	X EX1: DIRECT EXPORT	LS: LESOTHO
IM6: RE-IMPORTATION IM7: WAREHOUSING	EX2: TEMPORARY EXPORT	ZA: SOUTH AFRICA
IM8: TRANSIT	EX3: RE-EXPORTATION	SZ: SWAZILAND
IM9: OTHER IMPORT PROCE	DURES	OTHER:
F. FINANCIAL INTELLIGENCE		
5. FINANCIAL INTELLIGENCE		
The Financial Intelligence Act (Act No 13 of 2012) requires all importers to confirm the following:		
a). Source of funds of your Business:		
b). Source of funds for this tran	saction/shipment	
C). Party responsible for payment:		
d).Banking Institution name:		
e). Payment terms: (Advance / 30/ 60/90/180 days)		
6. DELIVERY INSTRUCTIONS		
0. DELIVERT INSTRUCTIONS		
MODE OF TRANSPORT: ROAD	X RAIL SEA COURIERS	OWN POST OFICE
7. Authorization given by Importer/Exporter		
I,hereby give authority to the above clearing agency to		
clear my consignment on my be	ID NO: ehalf	nereby give authority to the above clearing agency to
deal my consignment on my bendin.		
Signature:	Company stamp/Date:	
8. ACCEPTANCE BY CLEARING AGENT		
I, an employee of the (Company Name):		
Certify that I have the authority to clear the above mention consignment on behalf of my client.		
Company stamp/Signature:		