COLLECTION INSTRUCTION



Company Name									
Address		6.04e/-2.			Contact Person				
	U.				Designation				
					Tel No				
					Cel No				
Account No			C.O.D. (Tick if applicable)		Order No				
Vehicle Make		The second second			Model				
Year of Manufacture					Registration No				
Engine No					Chassis No				
Transport Mode	Carrier	-	Drive		Insurance Requ	ired	Yes	No	
Agreed Rate					Insured Value				
	Collection	n Addres	55			De	livery Address		
Special Instructions on Collection					Special Instruction on Delivery				
Final Clearing Agent				9	Contact Name				
Ourban Clearance Required Y		Yes	No		Vessel Name				
Port of Loading			Voyage N	umber		ET	ETA Durban Port		
Vehicle Dimensions	Length			Wi	dth		Height		
	ature		Company Stamp						