

EXPORTER / SHIPPER	Exporters Ref No:
Name:	Consignee:
Physical Address:	Address:
Customs Code No:	
VAT Reg No:	Destination:
Tel: Fax:	CONTACT PERSON DETAILS
Contact: Ref No:	Notify Party:
DOCUMENTS ATTACHED	
<input type="checkbox"/> Commercial Invoice No:	
<input type="checkbox"/> Packing List	Incoterms: <input type="checkbox"/> DAP <input type="checkbox"/> DDP <input type="checkbox"/> FOB <input type="checkbox"/> C&F
<input type="checkbox"/> Export Permit	Specify if Other:
<input type="checkbox"/> Certificate of Origin; EUR1; Haz Docs; Other	Transactional Value:
<input type="checkbox"/> Cities/Agri Fisheries Permit	WEIGHT KG : m ³
COMMODITY:	Mode of Shipment: <input type="checkbox"/> FCL <input type="checkbox"/> LCL <input type="checkbox"/> B/B <input type="checkbox"/> Ro-Ro
A/C to be Debited	Shipper: <input type="checkbox"/> Consignee/Other: <input type="checkbox"/>

MARINE INSURANCE: Yes No

DOCUMENT DISTRIBUTION	TO:	SHIPPER	<input type="checkbox"/>
		CONSIGNEE	<input type="checkbox"/>
		AGENT	<input type="checkbox"/>
B/L INSTRUCTIONS:		OTHER	<input type="checkbox"/>
<input type="checkbox"/> Express Released <input type="checkbox"/> Telex Release or <input type="checkbox"/> 3 Originals		COURIER TO Cnee	<input type="checkbox"/>
SPECIFY:	<input type="checkbox"/> EXPORT TYPE OUTHRIGHT	<input type="checkbox"/> EXPORT TO BE RE-IMPORTED, ARRANGE DA65	

SPECIAL INSTRUCTIONS:

CUSTOMS ENTRY INSTRUCTIONS		CUSTOMS PROCEDURE CODES (CPC)			(mark 'X')
PURPOSE CODE H	ELG	Local Goods		Outright Export	
	EIG	Export of Imported Goods		Temporary Export	
	XE	EX-Warehousing		Inward Processing	
	RIT	Remove In Transit			
SPECIAL PROGRAMME	MIDP			Refund of Duty	
	AGOA			Return of Exports	
	Other			Customs Supervision	
HS CODE:					

PAYMENT TERMS: 30 DAYS 15 DAYS 7 DAYS COD OTHER

I, _____, request AirWaves Pty Ltd to deliver these goods under the above mentioned conditions. I further declare that no other export instruction has been given to any other person to effect clearing on my behalf and accept that all business is conducted in terms of Airwaves standard trading conditions, a copy of which is available on request.

This signature certifies that the signatory is an employee duly authorized to issue this clearing instruction

Signature: _____ Capacity: _____ Date: _____

Airwaves (Pty) Ltd - Reg.No.2015/105060/07

DURBAN (Head Office)

Tel: (+27) 87 820 7171
 forwarding@airwaves.co.za
 84 Armstrong Avenue,
 AirWaves House, La Lucia Ridge,
 Durban, South Africa, 4051

JOHANNESBURG

Tel: (+27) 87 820 7171
 forwarding@airwaves.co.za
 Unit A1 The Meadows, Cnr Essex &
 Newton Roads, Meadowdale Ext 2,
 Germiston, South Africa 1600

CAPE TOWN

Tel: (+27) 87 820 7171
 forwarding@airwaves.co.za
 Suite12, Canal Edge 2B, Tyger Waterfront,
 Carl Cronje Drive, Tiger Valley,
 Cape Town, South Africa, 8012