

IMPORTER DETAILS	Vessel:
Name:	Bill of Lading:
Address Registered with Customs:	No. of Packages:
	Port of Entry:
Customs Code: VAT Reg:	Container No:
Tel: Fax:	ETA:
Contact: Ref No:	Local Ref No. (LRN):
CLEARING DOCUMENTS ATTACHED:	<input type="checkbox"/> Permits (Specify:)
<input type="checkbox"/> Negotiable Bill of Lading <input type="checkbox"/> Non- Negotiable	<input type="checkbox"/> Descriptive Literature
<input type="checkbox"/> Certificate of Origin/EUR1 Certificate & Number	<input type="checkbox"/> Packing List
<input type="checkbox"/> Suppliers Invoice No.:	<input type="checkbox"/> Other (Specify:)

MARINE INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Once-off/Airwaves Open
VAT INSTRUCTIONS <input type="checkbox"/> Pay <input type="checkbox"/> Do Not Pay <input type="checkbox"/> Exempt
GOODS: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Second Hand Origin: <input type="text"/>
Trade Agreements: <input type="text"/> Quantity: <input type="text"/>

DELIVERY TO: (Street Address/Siding No.) <input type="checkbox"/> Road <input type="checkbox"/> Rail

CUSTOMS ENTRY INSTRUCTIONS		CUSTOMS PROCEDURE CODE (CPC) :							
<input type="checkbox"/> Home Use (Import)		<input type="checkbox"/> Warehousing		<input type="checkbox"/> Inward Processing					
<input type="checkbox"/> National & Intl. Transit		<input type="checkbox"/> Stores		<input type="checkbox"/> Processing for Home Use					
<input type="checkbox"/> Transshipment		<input type="checkbox"/> Export		<input type="checkbox"/> Outward Processing					
<input type="checkbox"/> Temporary Admission		<input type="checkbox"/> Temp. Exp/ Imp Same State							
DESTINATION CODE	ZA	South Africa	SZ	Swaziland	BW	Botswana			
	LS	Lesotho	NA	Namibia	ZA	Other			
TARIFF DETERMINATION	PUBLISHED TH: TDN No.:			UNPUBLISHED Ref.: Date:					
CUSTOMS VALUATION	Valuation Code	R	Related	Valuation Method			VDN No.:	Mark Up (%)	Acceptance Invoice
		NR	Not Related	1	2	3			
		E	Exempt	4	5	6			(price)

SPECIAL INSTRUCTIONS:

PAYMENT TERMS: <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 15 DAYS <input type="checkbox"/> 7 DAYS <input type="checkbox"/> COD <input type="checkbox"/> OTHER
I, _____, request AirWaves Pty Ltd to clear and deliver these goods under the above mentioned conditions. I further declare that no other clearing 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

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