**MARINE CARGO DECLARATION FORM**

INSURED’S NAME: ………………………………………….

ADDRESS: P.O BOX ………………………………………..

EMAIL: ……………………………………………………….

TELEPHONE NO: ……………………………………………

1. **PROPOSER DETAILS**

**FOR INDIVIDUAL APPLICATIONS**

1. Name: …………………………………………………………………………………………………...
2. Date of Birth: ……………………………………………………………………………………………
3. Passport/ ID Number: …………………………………………………………………………………

**(Please attach copy of ID/Passport)**

1. Nationality: ……………………………………………………………………………………………..
2. Physical Address: ………………………………………………………………………………….......
3. Telephone Number (s): .……………………………………………………………….....................
4. Email Address: …………………………………………….…………………………………..............
5. Trade / Occupation: ………………………………………………………………………………….
6. Physical address of Trade/ Occupation: …………………………………………………………
7. Source of income: …………………………………………………………………………………….

**FOR CORPORATE APPLICATIONS**

1. Registered name of the organization: …………………………………………………………….
2. Registration number of the organization: ………………………………………………………...

**(please attach copy of the registration certificate and TIN)**

1. Source of funds: ……………………………………………………………………………………….
2. Registered physical address of the organization:

…………………………………………………………………………………………………………….

1. Name of the CD/ MD/ ED / CEO /Authorized representative: ……………………………………………………...............................................................................
2. Date of Birth: ……………………………………………………………………………………………
3. Nationality: ……………………………………………………………………………………………..
4. Passport/ ID number (please attach copy): ……………………………………………………..
5. Telephone number(s)…………………………………………………………………………………
6. Email address(es): …………………………………………………………………………………………………………….
7. Names of shareholders

**(please attach their ID/ Passport copies)**

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1. Shareholding details

**(please attach copy of memorandum and articles of association)**

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1. **DESSCRPTION OF THE GOODS AND INVOICE/BILL OF LADING No.:**

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PACKING: …………………………….…………………………………………………………………

SUM INSURED: **USD** …………………………………………………………………………………….

FROM: …………………..……………TO…………………….….. VIA……………………………...

CONVEYANCE: ………………………………………………………………………………………...

REGISTRATION No.: ……………………………………………………………………………………

REGISTRATION OF VESSEL: ……………………………………………………………………………

OWNER OF VESSEL: ……………………………………………………………………….…………...

P.O. BOX …………………………………………………………………..…………………………….

INVOICE NO/DATE: ……………………………………………………………………………………

ACTUAL DATE OF DEPARTURE: ………………………………………………………………………

ESTIMATED DATE OF ARRIVAL: ………………………………………………………………………

**DECLARATION DONE BY:**

NAME………………………………………………..… SIGNATURE….………………………………

DATE OF DECLARATION: ………………………………… TIME: …………….…………………….

RECEIVED AT UAP BY: ………………………………………………………………….……………..

DATE RECEIVED AT UAP: …………………………………. TIME: ………………..…………………

**FOR OFFICIAL USE**

POLICY NO: …………………………………………………………………………………………….

SUM INSURED: USD ……………………………………..…… RATE …………………………………

PREMIUM: ……………………………………………………………………………………………….

ADD LEVIES: …………………………………………………………………………………………….

TOTAL: ……………………………………………………………………………………………………

**POLICY EXCESS:**

**QUOTED BY: ……………….……………………………….… SIGNATURE………………………….**

**DATE OF ISSUE: …………………………………………………………………………………………**