



MARINE DECLARATION FORM

Declaration No.		Open Policy No.		
Insured Name:				
Address:				
Policy Sum Insured		Policy Period:		
Please note the following Declaration under the above Open Policy relating to goods despatched:				
Marks	No. of Pkgs.	Nature of Packing	Description of Goods	Sum Insured
			Previous Balance	
			Declared Amount	
			Closing Balance	
Terms of Cover:				
Shipped/Despatched per		Sailing on / about		
Under B/L, AWB, R/R, L/R, C/N No.		Dated:		
Transit/Voyage: From		To:		
Date of Departure				
<p style="text-align: center;">DECLARATION</p> <p style="text-align: center;">I/We hereby declare that the particulars furnished above are True and Correct.</p>				
Date:	Seal:	Signature:		
		Name:		
Certificate No.				
We certify the goods declared above are covered under Open Policy No.				
Place:		for, AJOD Insurance Limited		
Date:		Authorised Signature		