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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 o	of Goods	Sum Insured	
			Pre	evious Balance		
			Dec	clared Amount		
			Cl	osing 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						
DECLARATION						
I/We hereby declare that the particulars furnished above are True and Correct.						
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		