

APPENDED DECLARATION TO AIR WAYBILL

L/C NUMBER: IM2334500009

(1) NAME OF PLANE/FLIGHT NO.:

(2) NATIONALITY OF PLANE:

(3) OWNER OF PLANE:

(4) PLANE WILL CALL AT OR PASS THRU THE FOLLOWING AIRPORTS ENROUTE TO: **SAUDI ARABIA**

1.

2.

3.

4.

THE UNDERSIGNED [AGENT, CAPTAIN, ETC.] OF THE PLANE ACCORDINGLY DECLARES THAT THE INFORMATION PROVIDED (IN RESPONSES TO 1 TO 4 ABOVE) IS CORRECT AND COMPLETE AND THE PLANE SHALL NOT CALL AT OR ANCHOR ON ANY OTHER AIRPORTS OTHER THAN THAT MENTIONED ABOVE ENROUTE TO SAUDI ARABIA .

WRITTEN ON THE ____ DAY OF ____ 2024

SWORN TO BEFORE ME, ON THE ____ DAY OF ____ 2024

AT ANY SEAPORT IN USA

THE OWNER, AGENT, CAPTAIN
OR COMPANY OF THE VESSEL

CERTIFICATE APPENDED TO B/L

L/C NUMBER: IM2334500009

- (1) NAME OF VESSEL:

PREVIOUS NAME:
- (2) NATIONALITY OF VESSEL:
- (3) OWNER OF VESSEL:
- (4) VESSEL WILL CALL AT OR PASS THROU FOLLOWING PORTS ENROUTE TO:

SAUDI ARABIA

1234

THE UNDERSIGNED (THE OWNER, AGENT, CAPTAIN OR COMPANY OF VESSEL) ACCORDINGLY DECLARES THAT THE INFORMATION PROVIDED (IN RESPONSES TO 1 TO 4) ABOVE IS CORRECT AND COMPLETE AND THE VESSEL SHALL NOT CALL AT OR ANCHOR ON ANY OTHER PORTS OTHER THAN THAT MENTIONED ABOVE ENROUTE TO SAUDI ARABIA .

WRITTEN ON THE ____DAY OF ____2024

SWORN TO BEFORE ME, ON THE ____DAY OF ____2024

AT ANY SEAPORT IN USA

THE OWNER, AGENT, CAPTAIN
OR COMPANY OF THE VESSEL

CERTIFICATE APPENDED TO INSURANCE CERTIFICATE

L/C NUMBER: IM2334500009

ISSUED BY:

1.NAME OF INSURANCE COMPANY:

**2.ADDRESS OF ITS PRINCIPAL
OFFICE:**

3.COUNTRY OF ITS INCORPORATION:

**THE UNDERSIGNED DOES HEREBY CERTIFY ON BEHALF OF THE ABOVE NAMED INSURANCE COMPANY
THAT THE SAID COMPANY HAS DULY QUALIFIED AND APPOINTED PAYING AGENT OR REPRESENTATIVE
IN THE SAUDI ARABIA**

NAME OF AGENT/REPRESENTATIVE:

ADDRESS IN:

DATED AT ANY SEAPORT IN USA

SWORN TO BEFORE ME, ON THE
