



CLEARING INSTRUCTIONS 2017

(Not to be completed by Staff Members of Cross Border Clearing and Forwarding (Pty) Ltd

Company/Transporter	
Transporter Customs Code	
Vehicle Registration Nr.	
Driver Name & Surname	
Driver Contact Number	
Driver Passport Nr.	
Copy of passport attached	YES <input type="checkbox"/> NO <input type="checkbox"/>
Customer Order Number	
ETA of Arrival at Port of Entry	
Exporter/Consignee	
Exporter Customs Code	
Exporter/Consignee Vat Number	
Importer/Consignee	
Importer Customs Code	
Importer/Consignee Vat Number	
Port of Entry	
Port of Exit	
Total Invoices	
Invoice Numbers	

behalf of the customer?	YES	NO				
Payment?	YES	NO				
Proof of Vat payment Attached?	YES	NO				
Declarations to be completed	SA	BW	NA	EX 8	Bond	Manife

Special Instructions:

Signatures

I, _____, an employee/Manager/Director
of _____ certify that the
above information provided is true and correct. I further agree that if I/we supply a tariff code for CBCF
to use, that /we take full responsibility for any penalty that may occur as result thereof.

I further advise that I take full responsibility should the invoices not be correct or if not all the invoices were supplied for goods to be declared

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Signature

Date

OFFICE USE

Invoice Number	
Imports/Exports Number	
Delivery Note Number	

Supervisor/Agent Name & Surname	
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Supervisor/Agent Signature

(This is a legal document required by SARS Customs)

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