AUTHORISATION FORM

NO WORK CAN BE UNDERTAKEN UNLESS THIS FORM IS COMPLETE AND RETURNED

IMPORT CLEARING AND FORWARDING INSTRUCTIONS

ТО		CLIENT'S NAME		
STUTTAFORD VAN LIN P O BOX 987 HALFWAY HOUSE JOHANNESBURG 1685	NES	CONTACT ADDRESS DATE:	IN R.S.A.	
		_		
PERSONAL PARTICULARS	CONTENTS	ENCLOSUR	RES_	
SETTLER RETURNING RESIDENT DIPLOMAT TEMPORARY RESIDENT	HOUSEHOLD GO PERSONAL EFF MOTOR VEHICL OTHER(SPECIF	ECTS	1.160 A 304 555 A304A ST OF CONTENTS EYS OF TRUNK OVERNMENT/DIPLOMATIC CERTI	IFICATE
DELIVERY ADDRESS		_ TELEPH	ONE NO. (H)	
		_ TELEPH	ONE NO. (B)	
		If yes state	GE REQUIRED e period required as insurance in the period required as insurance in the period on all cost will be for your account of the period on a second or the period of the period	
The carrier is hereby instructed nescessary in that regard inclu Contractor and Consignor sha hereof and that the person who authorised to give such instruct	uding the signing of docu Il be governed by the So o signes this instruction t	uments on the Consigno tandard Conditions of C form on behalf of the Co	or's behalf. It is agreed that contract of the Contractor in signor (where signing in a	at all contracts between the set out on the reverse side

Client Signature