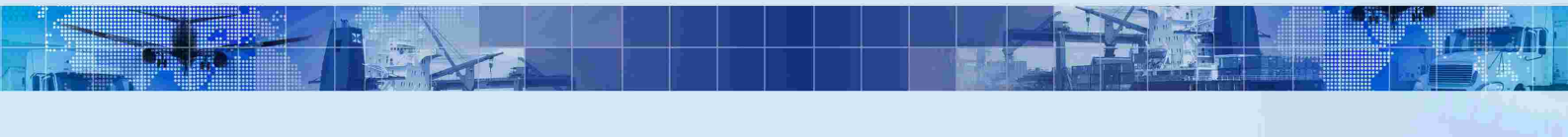

ESTIMATE PAGE:

COMPANY NAME: _____

CONTACT EMAIL : _____

CUSTOMS CODE (YES /NO) CC NO: _____

PRODUCT: (General Description) _____

PRODUCT (TH) Tariff Heading

_____

_____

NO OF PACKS

_____

_____

DIMENSIONS OF PACKAGES (L X B X H)

_____x_____x_____(CM)

_____x_____x_____(CM)

WEIGHT (KG'S)

_____

_____

VALUE (Currency) Eg: USD EUR ZAR ETC

_____ _____

_____ _____

IMPORT PERMIT REQUIRED: YES/NO _____

ORIGINATION _____

ADDRESS _____

_____ _____

_____

DESTINATION_____

ADDRESS _____

_____

_____

METHOD OF TRANPORT (AIR, SEA,ROAD) _____

INCO TERM: _____

(EX WORKS,FOB,C&F, CIF, DDU, DDP,CPT)

INSURANCE REQUIRED YES /NO _____

ESTIMATED DATE OF TRANSPORT _____