

	MARINE DECLA	ARATION FORM		
Declaration No.		Open Policy No.		
Insured Name:				
Address				
Policy Sum Insured Policy Pe		Policy Period: From		
Please note the follow	ving Declaration under the			despatched:
Marks No. of Pkgs.	Nature of Packing	Description of Goods Sum Insured		Sum Insured
		Pre	evious Balance	
		Dec	lared Amount	-
PI NO/INVOICE NO.:		Closing Balance -		
Consignee :				
Transport Name :				
Vessel &/or Conveyance				
Under B/L,AWB,R/R,L/R,C/N No.			Dated	
Transit/Voyage detail	From		То	
Date of Departure:				
LC NO				
Special Instruction (If any)				
		RATION		
I/We hereb	y declare that the particular	rs furnished above are T	True and Corre	ct.
Date:		Seal:	Signature: Name:	
Certificate No.				
We certify the goods declare	ed above are covered unde	r Open Policy No.		
	For, United Ajod Insurance Ltd.			
Place: Date:	Authorised Signature			