🗨 🗬 यूनाइटेड अजोड इन्स्योरेन्स लिमिटेड							
	United	Ajod	Insurar	ice	Lim	ited	
(Former: United Insurance Co. (Nepal) Ltd. & Ajod Insurance Limited)							
C.T.C. Mall, 7th Floor, Bagdarbar Marga, Sundhara, Kathmandu, Nepal							
Tel: +977-1-5333743, 5343303, 5344013, 5343073, Toll Free No. 1666 018 6496 E-mail: info@unitedajodinsurance.com, Web: www.unitedajodinsurance.com							
MARINE DECLARATION FORM							
Declaration No. Open Policy No.							
Insured Name:							
Address:							
Policy Sum Insured Policy Period:							
Please note the following Declaration under the above Open Policy relating to goods despatched:							
Marks No. of Pkgs. Nature of Packing Description of Goods Sum Insured							
			Descripti		us	Sum msured	
				Previous	Balance		
				Previous Balance Declared Amount			
				Closing	Balance		
Terms of Cover:	ł				i		
Shipped/Despatched per Sailing on / about							
Under B/L, AWB, R/R, L/R, C/N No. Dated:							
Transit/Voyage: From To:							
Date of Departure							
DECLARATION							
I/We hereby declare that the particulars furnished above are True and Correct.							
Date:	e: Seal: Signature:						
			Name:				
Certificate No.							
We certify the goods declared above are covered under Open Policy No. for, United Ajod Insurance Ltd.							
Place:							
Date:	Date: Authorised Signature						