

MARINE CARGO REQUEST SLIP

Date _____

Name of Bank _____

Address _____

Name of Insured A/C : M/s. _____

Address _____

_____ Phone _____

Nature of Commodities (Item) _____

From _____ To _____ Via _____

To be Shipped per _____

Risks Cover _____

Amount _____

Cover Note No. _____

Premium		Signature _____
Marine @ _____	Tk _____	Date _____
	Tk _____	
War & Strike @ _____	Tk _____	Foreign Currency :
Net Premium _____	Tk _____	
Govt. Tax/Vat _____	Tk _____	
Stamp Duty _____	Tk _____	
Total _____	Tk _____	
		Exchange @ _____