

AWS Branch: _____

Recipient: _____

Client: _____

Contact Person: _____

Physical Address: _____

Designation: _____

Tel No: _____ Cell No: _____

Fax/Email: _____ Email: _____

Commodity: _____

Date quote recvd: _____ Date quote sent _____

Origins: _____

Volumes _____ Current Agent: _____

MODE OF TRANSPORT/ SERVICE REQUESTEDAir Road Sea Rail Customs Clearing Warehousing **CONTAINERISED /BREAK BULK / LCL**20FT Light 40FT Light 20FT Heavy 40FT Heavy LCL Break Bulk **MEASUREMENTS**

Length: _____ Width: _____ Height: _____ Weight: _____ Qty: _____

Port of loading: _____ Port of Discharge: _____ Final Destination: _____

TERMS OF PURCHASEF.O.B EX-WORKS CIF C&F OTHER (specify)

F.O.B Value: _____

INSURANCE: Yes No HARZADOUS: Yes No

UN Code: _____

PKG Class: _____

L/C Requirements: Yes No

Other Information: _____

RATES QUOTED

Quotation Reference: _____

Date	Service Provider	Contact Person	Currency	Buying Rate	Selling Rate	Remarks

NB: Actual quotation from service provider must be attached to the quotation kept on file