



EVEREST INSURANCE Co. LTD.

Head Office: Hattisar, P. O. Box: 10675, Kathmandu, Nepal

Tel: 4444717, 4444718, 4445090-92, 4444648-49, 4444651-52, 4425758, Fax: 977-1-4444366

E-mail: info@eic.com.np, Web: www.everestinsurance.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
			Previous Balance	
			Declared Amount	
			Closing Balance	
Terms of Cover:				
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:		Seal:	Signature:	
			Name:	
Certificate No.				
We certify the goods declared above are covered under Open Policy No.				
for, EVEREST INSURANCE CO. LTD.				
Place:				
Date:				
Authorised Signature				