

## M.I.B. BOOKING FORM AND CLEARANCE INSTRUCTIONS

<b>NAME OF AGENT:</b>	<b>DATE:</b>
<b>AGENTS REF:</b>	<b>CONTACT:</b>
<b>VAT NO:</b>	<b>DAN NO:</b>
<b>OFFICE CONTACT NO:</b>	<b>OUT OF HOURS TEL. NO:</b>
We/I _____ hereby authorise Five Star Freight Systems Ltd and those authorised by Five Star freight Systems Ltd, to enter, sign and amend all customs entries completed on our behalf under Direct Representation	
Signed: _____ Full Name: _____ Date: _____	

<b>SHIPPER/CONSIGNEE NAME:</b>		
<b>ADDRESS:</b>		
<b>SHIPPER/CONSIGNEE VAT NO:</b>	<b>DAN NO:</b>	
<b>PASSENGER NAME:</b>	<b>MOBILE NO:</b>	
<b>FLIGHT NO:</b>	<b>DATE:</b>	<b>TIME:</b>

<b>NATURE OF GOODS:</b>
<b>TARIFF NO:</b>
<b>C.P.C NO:</b>
<b>IPR / EU / OPR:</b>

<b>SPECIAL INSTRUCTIONS AND TRANSPORT REQUIREMENTS:</b>
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By completing and sending this form you consent to us storing the details you submit in order to provide the service requested.

**TO ENSURE A SPEEDY CLEARANCE, PLEASE COMPLETE ALL THE REQUIRED INFORMATION ABOVE**

ALL BUSINESS TRANSACTED SUBJECT TO THE LATEST TERMS & CONDITIONS OF B.I.F.A. (REG No: 2062)

COPY AVAILABLE UPON REQUEST

Above telephone is diverted to out-of-hours duty contact.