

ATA CARNET INDEMNITY PROPOSAL FORM: To be completed by Carnet holder

Insured with certain LONDON UNDERWRITERS

Please type in information or complete in black ink and block capitals.

CARNET NUMBER	QUOTE REFERENCE
1 FULL COMPANY NAME AND ADDRESS TELEPHONE NUMBER	5 BANKER'S NAME AND ADDRESS
2 CONTACT NAME AND NATURE OF BUSINESS	6 ITINERARY - COUNTRIES FOR VISIT/TRANSIT
3 UK COMPANY REGISTRATION NUMBER	7 GEOGRAPHICAL LIMITS (SEE OVER FOR DEFINITIONS) EUROPE <input type="checkbox"/> WORLDWIDE <input type="checkbox"/> PLEASE TICK <input checked="" type="checkbox"/>
4 GOODS CODE (SEE SECURITY RATE CHART)	8 DATE COVER REQUIRED FROM: DURATION UP TO: 2MTHS <input type="checkbox"/> 6MTHS <input type="checkbox"/> 12 MTHS <input type="checkbox"/> PLEASE TICK <input checked="" type="checkbox"/>

TOTAL VALUE OF GOODS £	
ISSUING CHAMBER LONDON <input type="checkbox"/> BELFAST <input type="checkbox"/> BIRMINGHAM <input type="checkbox"/> BRISTOL <input type="checkbox"/> DORSET <input type="checkbox"/> EDINBURGH <input type="checkbox"/> GLASGOW <input type="checkbox"/> LEEDS <input type="checkbox"/> LEICESTER <input type="checkbox"/> MANCHESTER <input type="checkbox"/> LIVERPOOL <input type="checkbox"/> NORTHAMPTON <input type="checkbox"/> NORWICH <input type="checkbox"/> NOTTINGHAM <input type="checkbox"/> S. E. HAMPSHIRE <input type="checkbox"/> THAMES VALLEY <input type="checkbox"/> SOUTHAMPTON <input type="checkbox"/> NORTH EAST <input type="checkbox"/> PLEASE TICK <input checked="" type="checkbox"/> ABOVE TO INDICATE ISSUING CHAMBER	
<ul style="list-style-type: none"> This indemnity enables you to temporarily export your goods without lodging a bank draft or cash or guarantee from an approved bank as security. This proposal form is not in respect of an insurance policy and failure to observe foreign and UK customs requirements relating to the Carnet may render you liable to a claim. The Carnet must be returned to the office of issue after use. 	
SIGNED DATE NAME AND POSITION OF SIGNATORY. NOTE THAT SIGNATORIES MUST BE COMPANY EMPLOYEES OR DULY AUTHORISED.	
TO BE COMPLETED BY ISSUING CHAMBER INDEMNITY £ PREMIUM* £ IPT* £ ISSUE FEE* £ VAT £ * SUBJECT TO VAT WITH EFFECT FROM 1/1/2000.	TOTAL £ PAYMENT MUST ACCOMPANY PROPOSAL FORM TELEPHONE 020 7203 1845 FOR QUOTATION