Declaration of PRE-DELIVERY for the month of

To: Credit Guarantee Unit	**From:**	**Company**	**Company Name**	
Unit fax		**Policy no DPDC**	**Registration No**	**Ref no**

To be submitted in terms of proviso 8A of your policy

Amount in SA rand only
Do not declare cents

Total value of **GOODS NOT YET DELIVERED** on all Insured Contracts on the last accounting day of each month.

									-00

Completed by:

Signature/name **Date**