

CD1 numberCustomers A/C No.....

CABS, FORM CD1 APPLICATION				
EXPORTER INVOICE NUMBER:				
1.Full name and full address of consignee		2.Full name and full address of Exporter		
3.Country of final destination		4.Name and branch of Exporters Bank in Zimbabwe		
5. Are goods being exported in pursuance of a contract of sale? Yes/No Port of exit:..... 6. If a contract:-I(I) is the sale F. OR, F.OB, C&F OR C.I.F? 7. If not a sale, state reason for export		PAYMENT ARRANGEMENTS (para 8 to 15 need to be completed only if goods are being exported in pursuance of a contract of sale) 8. Currency in which the goods are invoiced and will be paid for :..... 9. Amount of denomination of foreign currency to be received in Zimbabwe in settlement..... 10. Rate of exchange used for the calculation at 9: N/A 11.Credit terms agreed to under the contract..... 12. If credit terms exceed 90 days from export exchange control authority number and date		
Line Ref	17.Marks and numbers	18. No & type of package	1.9 Description and particulars of goods	13. Final date for the receipt of the sale proceeds in Zimbabwe: 1.5. VALUE TO BE STATED IN ZIMBBWE DOLLARS (a) Export value as defined overleaf..... .. (b) Add charges payable by exporter for freight, storage, etc Z\$..... Z\$..... (c) Less commission (% Of 15 (a)) Z\$..... (d) Amount to be received in settlement..... 16. Where goods are being exported for purpose other than sale, value of goods Z\$ N/A
DATE..... SIGNATURE OF EXPORTER OR THE DULY AUTHORIZED AGENT OF THE EXPORTER.....SIGNATURE VERIFIED..... CD1 PROCEESED BY.....APPROVED BY..... DATE ADMIN CHARGES COLLECTED.....BY.....				