

**(NOME DO POSTO)**

**PRICE QUOTATION FORM**

***(FOR RELOCATION SERVICES)***

**COMPANY *(name, signature and stamp)*:**

**AGENT AT THE DESTINATION:**

**CONSIGNEE:**

**ORIGIN:**

**DESTINATION:**

**CURRENCY:**

**PRICES VALID UNTIL:**

**ESTIMATED VOLUME (m3):**

**ESTIMATED WEIGHT (kg):**

1. Services at the origin *(do not include THC)*:

2. Terrestrial and/or Ocean Freight:

3. Services at the destination *(do not include THC)*:

4. Insurance *(door-to-door, percentage at estimated value)*:

5. Percentage *(insurance)*:

6. 30 days of storage at the origin:

7. Storage Handling Charges at the origin:

8. Taxes and duties at the origin (if applicable):

9. Taxes and duties at the destination *(if applicable)*:

10. THC at the origin:

11. THC at the destination:

12. Extra charges - at the origin *(please specify)*:

13. Extra charges - at the destination *(please specify)*:

**14. Total cost:**

Note: Do not leave any blank spaces. Put “N/A” or “Free of Charge” when necessary. **Incomplete forms will be disregarded by the Tender Commission.**

**To be filled by the Tender Commission:**

Does the consignee require storage of the cargo? [ ]  Yes [ ]  No

**Type of container to be used:** [ ]  20' [ ] 40'[ ]  40' HC [ ]  other: \_\_\_\_\_\_\_\_\_\_\_\_\_