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NATIONAL & INTERNATIONAL REMOVERS & CONTAINERISED STORAGE - BUSINESS MOVES • SHIPPING • AIRFREIGHT • PACKERS

THE SPECIALIST "MALLORCA" REMOVAL & STORAGE COMPANY

INTERNATIONAL COLLECTION/DECLARATION/DELIVERY NOTE

Received From;

Customer.....Client Ref.....

Address

Post Code.....Tel Number (24 hour Number required).....

Effects as per Inventory Supplied,

Deliver To,

Name.....

Address.....

Post Code.....Tel Number (24 hour Number required).....

Mark as required;

Designated Delivery Request Date.....Additional Cost.....

Part Load Service, Preferred delivery Date.....

Limited Liability Cover (Limited as per the Terms & Conditions - clause 9.2)

Standard Liability Cover @ 2-10% VOC(VOC) Value of Consignment £.....

DECLARATION OF OWNER OR AGENT OF THE EFFECTS

I confirm; That I have read, understood and accept the terms and conditions printed overleaf, and I understand that if I do not both declare a value for my consignment of goods **and** agree to pay for Standard Liability cover then the goods will be restricted to limited liability, as per clause 9 of the terms and conditions. Time Limits for claims are subject to all clauses and sub-clauses 12-12.3. the effects moved / stored are my own property and do not include restricted items. I also accept responsibility for any loss or damage to goods packed by myself.

Signed.....Print.....Date.....

I confirm; That I am aware of Term 19 specifically regarding Applicable laws, and that I am aware of the B.A.R TSI code of practice. Specifically terms 6 - 6.5, provided at time of Quotation.

Signed.....Print.....Date.....

Passport Number / ID Number.....

Packing List Code

CONFIRMATION OF DELIVERY (As per the Terms & Conditions)

I confirm; That the effects as per the Inventory have been delivered.

Signed.....Print.....Date.....

Any Comments.....

RESTRICTED ACCESS.

I confirm; Instructing your staff to remove / place effects knowing that doing so may damage the property / effects, I will not be able to claim against Webbs for any subsequent damage to property or effects.

Signed.....Print.....Date.....

CUSTOMER REVIEW	VERY GOOD	GOOD	SATISFACTORY	POOR	VERY POOR
Staff Attitude and Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service & Time Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Recomendations for Improvement.....

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