

Embassy International Removals

Tel No: (013) 752-6404

Fax No: (013) 755-1913

CLIENT PARTICULARS:

DATE : _____

MOVE DATE: _____

Initials & Surname

Account Payable by:

Contact person: _____

Telephone number: _____

Fax number: _____

Email address: _____

| | | |
|--------------------------|--|------------------------|
| HOME Tel. number: | | POSTAL ADDRESS: |
| WORK Tel number: | | |
| FAX number: | | |
| CELL number: | | FUTURE POSTAL ADDRESS: |
| Email Address: | | |
| ID Number: | | |
| Name of friend / family: | | |
| Address: | | |
| Tel & Cell Number: | | |

ADDRESS MOVING FROM :

ADDRESS MOVING TO :

NB. Please indicate if any dismantling services will be required !

Please indicate if any special wrapping/crating will be required !

| | | | | | |
|-----------------|------|--|-----|--|-------------------|
| INSURANCE | YES: | | NO: | | |
| INSURANCE VALUE | R | | | | |
| PACKING | YES: | | NO: | | VEHICLE: YES: NO: |
| STORAGE | YES: | | NO: | | MAKE/MODEL: |

PLEASE COMPLETE AND RETURN TO: FAX No: 013 - 755 1913
PLEASE ALLOW AT LEAST 24 HOURS TO PROCESS YOUR QUOTATION.

FOR OFFICE USE ONLY:

Comments:

| | | |
|---------------|---|----------------------------------|
| Volume: | | |
| Transport: | R | Combined - When in Area / Direct |
| Packing: | R | |
| Insurance: | R | per R1000.00 |
| Storage: | R | per Month per Week |
| Handling fee: | | |