



Transport Note

Tel: 01932 345 529 / FAX: 01932 359 959

Haulier: CLOVER

AWB / Tracking #:

Destination:

Clover Reference: RF100151

Customer Ref: ATLELE0000376

Description of Goods CABLE

Pieces: 1

Weight (KG): 1800

Dimensions (CM): 0X100X205

Collection Address: Atlas Elektronik UK Ltd
Dorset Innovation Park
Atlas House
Dorchester
DT2 8ZB

Collection Ref:

Collection Contact: David Thomas
Tel: 01305212355

Demander:

(If different to collection
contact)

Collection Date: 27/02/2024

Collection Time: BEFORE 10:00AM

Delivery Address: SMI

Unit 8, North Way
Walworth Business Park
Andover
SP10 5AZ

Delivery ref:

Attn: Marcus Rossi
Tel: 07436249294

Delivery Date 27/02/2024

Delivery Time: BEFORE 16:00

Received in good condition by:-

Print Name:

Date:

Signature:

Time:

Clover Shipping is a member of British International Freight Association (B.I.F.A). All business is transacted subject to B.I.F.A. Trading Conditions 2017 details of which can be seen on our website at www.clovershipping.com, or a copy can be sent upon request. Company Registration Number - 2840067 (registered in England) Registered Office- Unit A302, Vickers Drive North, Brooklands Industrial Park, Weybridge, Surrey, KT13 0YU, United Kingdom

Transport Details

Please Tick

Two Man?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
ITAR?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
HAZ / DG?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<i>If "YES", please Specify Details</i>		
Special Equipment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<i>If "YES", please Specify Details</i>		
Section 5?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
P/M?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Other Special Requirements?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<i>If "YES", please Specify</i>		
Tail Lift Required?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Service Level?	<input type="checkbox"/> NEXT DAY	
	<input checked="" type="checkbox"/> SAME DAY	
	<input type="checkbox"/> OTHER	
<i>If "Other", please Specify</i>		

Please note; this form MUST be completed in full, before it can be accepted and processed by the Transport Department