

Transport Note

Tel: 01932 345 529 / FAX: 01932 359 959

Haulier: GUEST EXPRESS TRANSPORT



Clover Reference: OI95130

AWB:

Description of Goods CARNET

Destination: SHEPPERTON

Pieces: 1 POUCH

Weight (KG): 0.5

Dimensions (CM):

Collection Address: CUSTOMS IMPERIAL HOME OFFICE
IMPERIAL HOUSE
WEST BAY ROAD
SOUTHAMPTON
SO15 0RB UK

COLLECTION REF: CARNET GB/LO/06/23/09969

Collection Contact: LEIT docs team
Tel: 03000 718544

Demander:
(If different to collection
contact)

Collection Date: 26/02/2024

Collection Time: same time as goods collection

Delivery Address: CLOVER GROUP
FARIWATER DRIVER
SHEPPERTON
SURREY
TW17 8EB UK

Attn: NAT RIDDICK / VIKI NAGY
Tel:

Delivery Date 01932 359 931

Delivery Time: same day before 18.00PM

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 type="checkbox"/> NO
If "YES", please Specify Details		
Special Equipment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If "YES", please Specify Details		
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
If "YES", please Specify		
Tail Lift Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Service Level?	<input type="checkbox"/> NEXT DAY	
	<input checked="" type="checkbox"/> SAME DAY	
	<input type="checkbox"/> OTHER	
If "Other", please Specify		

DEDICATED OVERNIGHT AM DELIVERY

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