

# Cartage Advice With Receipt

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<b>SHIPMENT</b>	S240000233
<b>TRANSPORT BOOKING</b>	<a href="#">TB00053377</a>
<b>DATE</b>	17-Jan-24 15:53

## BOOKING DETAILS

<b>TRANSPORT COMPANY</b>	<b>ROAD CARRIER REGISTRATION</b>
NOATUM LOGISTICS UK LIMITED UNIT 1 UNIT 1, ALPHA WAY UNIT 1, THORPE INDUSTRIAL ESTATE THORPE INDUSTRIAL ESTATE TW20 8RZ UNITED KINGDOM	
<b>CONSIGNOR</b>	<b>CONSIGNEE</b>
HCP PACKAGING HONG KONG LIMITED	TRINNY LONDON LTD

Mode	Flight / Date	Carrier	Load	Disch.	ETD	ETA
AIR	QR8961 / 10-Jan	QATAR AIRWAYS Q.C.S.C.	CNPVG	QADOH	10-Jan-24 04:17	10-Jan-24 09:26
AIR	QR0011 / 11-Jan	QATAR AIRWAYS Q.C.S.C.	QADOH	GBLHR	11-Jan-24 01:58	11-Jan-24 07:20

<b>GOODS DESCRIPTION</b> TRAVEL SHIVE, J	<b>CARRIER BOOKING REFERENCE</b>	
<b>ORDER NUMBERS</b>	<b>MAWB</b> 157-94721233	<b>HAWB</b> 00018492

Package ID	Qty	Type	Weight	UQ	Volume	UQ	Length	Width	Height	UQ	Harmonised Code
	6	PLT	801.000	KG	5.081	M3	0	0	0	CM	
Goods Description: SHI1007 TRAVEL SHIVE - MOSITURISER 20ML POTL0000589											

## INSTRUCTIONS DETAILS

1		PICKUP	NOATUM LOGISTICS UK LIMITED				
UNIT 1 UNIT 1, ALPHA WAY UNIT 1, THORPE INDUSTRIAL ESTATE THORPE INDUSTRIAL ESTATE TW20 8RZ			Drop Mode: PSL - Premise Supplies Lift Contact: The Transport Manager +44 1784 480100				
Package		Desc.	Planned	Required From		Required To	Reference #
6x PLT		PIC	17-Jan-24 00:00	CFS Available: 17-Jan-24 00:00			
2		DELIVERY	TRINNY LONDON LTD				
LALEHAM HEALTH AND BEAUTY 37 WALWORTH ROAD, WALWORTH BUSINESS PARK ANDOVER SP10 5LH UNITED KINGDOM			Drop Mode: PSL - Premise Supplies Lift Contact: The Transport Manager Delivery: [MON] 09:00 – 17:00 [TUE] 09:00 – 17:00 [WED] 09:00 – 17:00 [THU] 09:00 – 17:00 [FRI] 09:00 – 17:00 Pickup: [MON] 09:00 – 17:00 [TUE] 09:00 – 17:00 [WED] 09:00 – 17:00 [THU] 09:00 – 17:00 [FRI] 09:00 – 17:00				
Notes:		DELIVERY REF: M221130BH DELIVERY REF: M221130BH  POTL0000772					
Package		Desc.	Planned	Required From		Required To	Reference #
6x PLT		DLV	22-Jan-24 00:00	Required From: 22-Jan-24 11:30		Required To: 22-Jan-24 11:30	



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RECEIVED IN GOOD ORDER AND CONDITION

Signature: _____	Date: _____	Time Truck In: _____
Name: _____		Time Truck Out: _____