



Transport Note

Tel: 01932 345 529 / FAX: 01932 359 959

Haulier: CLOVER

AWB / Tracking #:

Destination:

Clover Reference: RF98326

Customer Ref: DSTL5504

Description of Goods SETS OF THE BENCH CONDUCTIVE BLOCKS

Pieces: 3

Weight (KG): 282

Dimensions (CM): 1@ 300 X 96 X 100 1@ 180 X 96 X 100 1@ 120 X 96 X 100

Collection Address: DM KINETON
MARLBOROUGH BARRACKS
TEMPLE HERDEWYKE
SOUTHAM
WARWICKSHIRE
CV47 2UL

Collection Ref:

Collection Contact: MR DARREN STEVENS
Tel: 07989158211

Demander: RACHAEL CORBY
(If different to collection
contact)

Collection Date: 17/01/2024

Collection Time: AFTER 07:30

Delivery Address: DSTL
PORTON DOWN
M70
SALISBURY
WILTSHIRE
SP4 0JQ

Delivery ref:

Attn: OSKAR MONEY KYRLE
Tel: 01980952036

Delivery Date 17/01/2024

Delivery Time: BEFORE 15:00

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