

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:		