



AGARWAL REMOVALS & RELOCATORS

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Form: ARR-QR-05B

CUSTOMER INFORMATION SHEET

It is important to have the under-mentioned information to ensure that your move will progress as planned.

Would you please complete the following :

Full Name According to Passport _____

Destination Delivery Address:

_____ Tel: _____

Contact Address at Destination:

_____ Tel: _____

Date of your Arrival & Destination: _____

Storage Required at Origin / Destination: _____

Special Instructions: _____

Clients Date of Departure: _____

Contact Number / Place before Departure:

Thank you for your kind assistance.

Signature: _____

Date: _____