|  |  |
| --- | --- |
| Your goods our responsibility | PACKING SLIP |
|  | Date: / /2020 |
| 137, Triq Il-Vitorja, Qormi, QRM2500, Malta  Phone +356 21446325 Mob: +356 99874506  [move@galeatransport.com](mailto:move@galeatransport.com) || www.galeatransport.com |  |

**FULL NAME:**

**ORIGIN:**

**DESTINATION:**

**PHONE NUMBER/S:**

AIR SEA **ROAD**

|  |  |  |
| --- | --- | --- |
| ORDER DATE | JOB NUMBER | No of PAGES |
|  |  |  |

CONDITIONS OF FURNITURE / PERSONAL EFFECTS

(D) = DENTED | (F) = FIXED | (S) = SCRATCHED | (DG) = DAMAGED

ROOM AT DESTINATION

(MB) = MASTER BEDROOM **|** (K) = KITCHEN **|** (L) = LIVING **|** (B) = BOX ROOM **|** (G) = GARAGE

(SP1) = SPARE BEDROOM ONE **|** (SP) = SPARE BEDROOM TWO **|** (SP3) = SPARE BEDROOM THREE

(LN) = LOUNGE | (OF) = OFFICE

PACKED BY OWNER / PROFESSIONALLY PACKED

REMARKS WORDS AND / OR SENTENCES IN RED ARE TRUE VALUE AND CORRECT

Total pieces: Total Wooden Box & Crates: / Declared Value: €

Volume CBM: Total Pallets / Estimated Net Weight/ KG:

Origin : Destination :

Packing Supervisor Unpacking Supervisor

Owner/ Authorized Signature Owner/ Authorized Signature

Date: Date:

Declaration – Owner or Authorized Person:

I Acknowledge that the mentioned list is true and complete



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| --- | --- | --- | --- | --- |
| NOS OF BOXES | CONDITION OF ITEMS | description | VALUE | room |
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| --- | --- |
| **Origin** | **Destination** |
| GMT Representative: | Carrier: |
| Client’s Signature: | Client’s Signature |
| Date: | Date: |