



INSURED CONSIGNMENT

RECIEVER DETAILS:

NAME: _____

ADDRESS: _____

TOWN: _____

STATE: _____ POSTCODE: _____

PHONE NUMBER: _____

SENDERS DETAILS:

NAME: _____

PHONE NUMBER: _____

DEPOT CHECKED BY VICFAST REPRESENTATIVE.

PICK UP DRIVER
SIGN:

PICKUP DEPOT
SIGN:

ONFORWARDING DEPOT
SIGN:

DELIVERY DRIVER
SIGN: