

**WESTERN CAPE (Head Office)**  
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☒ 363, Sanlamhof, 7532

**Storage Information Sheet**

**Client:**

**Next of Kin:**

Titel \_\_\_\_\_ Initials \_\_\_\_\_  
Surname \_\_\_\_\_  
ID Nr \_\_\_\_\_  
Tel \_\_\_\_\_  
Cell \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Titel \_\_\_\_\_ Initials \_\_\_\_\_  
Surname \_\_\_\_\_  
Relation \_\_\_\_\_  
Tel \_\_\_\_\_  
Cell \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Account Details:**

Private Yes/No  
Method of Payment Cheque Yes/No  
Stop Order Yes/No  
Direct Bank Deposit Yes/No  
Other (Specify) \_\_\_\_\_

Company Yes/No  
Company Name \_\_\_\_\_  
Order Number \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Tel \_\_\_\_\_ Cell \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only:  
Pallet Number: \_\_\_\_\_  
Date into Store: \_\_\_\_\_  
Received by: \_\_\_\_\_