

COLLECTION/DESPATCH MANIFEST



Customer Name

MANIFEST No: 

Customer A/C No

COLLECTION DATE:

| ITEM | SERVICE | PRODUCT | FULL DELIVERY ADDRESS | | NUMBER OF ITEMS | WEIGHT IN KILOS |
|----------|---------|------------------|-----------------------|-------------------|---|-----------------|
| 1 | by 0730 | MAIL PACK 1KG | | | IS INCREASED LIABILITY COVER REQUIRED? YES <input type="checkbox"/> | £ |
| | by 0900 |  | ..... |  |  |  |
| | by 1000 | COURIER PACK 5KG | ..... |  | IF YES STATE AMOUNT | |
| | by 1200 |  | ..... |  |  |  |
| | by 1600 | LIGHT WEIGHT 5KG | P/CODE | SENDERS REFERENCE | SPECIAL INSTRUCTIONS | |
| SAT | PARCEL | TEL | | | | |
| 2 | by 0730 | MAIL PACK 1KG | | | IS INCREASED LIABILITY COVER REQUIRED? YES <input type="checkbox"/> | £ |
| | by 0900 |  | ..... |  |  |  |
| | by 1000 | COURIER PACK 5KG | ..... |  | IF YES STATE AMOUNT | |
| | by 1200 |  | ..... |  |  |  |
| | by 1600 | LIGHT WEIGHT 5KG | P/CODE | SENDERS REFERENCE | SPECIAL INSTRUCTIONS | |
| SAT | PARCEL | TEL | | | | |
| 3 | by 0730 | MAIL PACK 1KG | | | IS INCREASED LIABILITY COVER REQUIRED? YES <input type="checkbox"/> | £ |
| | by 0900 |  | ..... |  |  |  |
| | by 1000 | COURIER PACK 5KG | ..... |  | IF YES STATE AMOUNT | |
| | by 1200 |  | ..... |  |  |  |
| | by 1600 | LIGHT WEIGHT 5KG | P/CODE | SENDERS REFERENCE | SPECIAL INSTRUCTIONS | |
| SAT | PARCEL | TEL | | | | |
| 4 | by 0730 | MAIL PACK 1KG | | | IS INCREASED LIABILITY COVER REQUIRED? YES <input type="checkbox"/> | £ |
| | by 0900 |  | ..... |  |  |  |
| | by 1000 | COURIER PACK 5KG | ..... |  | IF YES STATE AMOUNT | |
| | by 1200 |  | ..... |  |  |  |
| | by 1600 | LIGHT WEIGHT 5KG | P/CODE | SENDERS REFERENCE | SPECIAL INSTRUCTIONS | |
| SAT | PARCEL | TEL | | | | |
| 5 | by 0730 | MAIL PACK 1KG | | | IS INCREASED LIABILITY COVER REQUIRED? YES <input type="checkbox"/> | £ |
| | by 0900 |  | ..... |  |  |  |
| | by 1000 | COURIER PACK 5KG | ..... |  | IF YES STATE AMOUNT | |
| | by 1200 |  | ..... |  |  |  |
| | by 1600 | LIGHT WEIGHT 5KG | P/CODE | SENDERS REFERENCE | SPECIAL INSTRUCTIONS | |
| SAT | PARCEL | TEL | | | | |
| 6 | by 0730 | MAIL PACK 1KG | | | IS INCREASED LIABILITY COVER REQUIRED? YES <input type="checkbox"/> | £ |
| | by 0900 |  | ..... |  |  |  |
| | by 1000 | COURIER PACK 5KG | ..... |  | IF YES STATE AMOUNT | |
| | by 1200 |  | ..... |  |  |  |
| | by 1600 | LIGHT WEIGHT 5KG | P/CODE | SENDERS REFERENCE | SPECIAL INSTRUCTIONS | |
| SAT | PARCEL | TEL | | | | |

I ACCEPT THE CONDITIONS OF CARRIAGE BY APC (AVAILABLE ON REQUEST)

NAME SIGNATURE DATE

COLLECTED BY (NAME) COLLECTED BY (SIGNATURE) DATE

TOTAL NUMBER OF ITEMS