

DESTINATION ACCESS CHECK FORM

We request you to fill in this form accurately so that no misunderstanding will arise regarding your instructions. The Destination Access Check form will assist us in planning the final delivery to your residence.

I request you to keep my shipment in storage until about:

I request you to make an appointment for delivery as soon as my shipment has been cleared.	
Delivery address:	
Phone:	

In order to enable us to take the necessary precautions, we kindly request you to tick or answer where appropriate for the situation at the delivery address.

1. What type of property are we delivering your household to?

House 2 levels	Apartment	Bungalow / 1 level house	Townhouse 3 levels	Other / please specify
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2. What floor is delivery on?

1 st	2 nd	3 rd	4 th	Above the 4 th
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3. If an apartment, does your apartment complex have a lift that we can use? If no, is it possible to use an outside elevator, has one been used before? How many flights of stairs are there?

Complex has elevator	Outside elevator possible	Outside elevator has been used before	Number of flights of stairs
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Meters of walking distance between your front door and the elevator / stairs : _____
 Meters of walking distance between your front door and the parking for our vehicle : _____

4. Has your property got off road parking, with an access wider than 2.45m wide?

Yes | No

5. Has your property got on road parking with room for a large truck 13.6m length by 2.45 width?

Yes | No

6. Do you think the access to your property is good or bad for a large truck?

Good | Bad

7. Is the road leading to your property a single lane road or a double lane road?

Single | Double

8. Do you anticipate any furniture not being able to get to the room that has been planned for in your new home?

No | Yes / please specify
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Name : Signature :

Reference : Date :
