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| **CONTACT INFORMATION FORM** |
| When you ask us to take care of your relocation we kindly request you to fill in this form and return it to us. |
|  |
| Client | Account | Job number |
|  |
| **Loading address / details**Ohev Israel 7, Apartment 6, Tel Aviv Yafo | **Address of destination / details**Galenusstr 63D 13187 |
| Phone 1 |  + 972547764415 | Phone 1 | +973547764415 |
| Phone 2 | + 972526736776 | Phone 2 | +972526736776 |
| Phone cell |  | Phone cell |  |
| Facsimile |  | Facsimile |  |
| Email ( very important) | Shiritzy@gmail.comdanni@thedanni.com | Email ( very important) | shiritzy@gmail.comdanni@thedanni.com |
| Date you depart from this address |  | Date you arrive at this address |  |
|  |
| It is very important that we ( or our agent) know where we can reach you during transit of your shipment. Please advise details below. You can, for instance, also give us the address of an employer or relatives where you will be staying. |
| Contact address / details 1) | Contact address / details 2) |
| Phone 1 |  | Phone 1 |  |
| Phone 2 |  | Phone 2 |  |
| Phone cell |  | Phone cell |  |
| Facsimile |  | Facsimile |  |
| Email ( very important) |  | Email ( very important) |  |
| We can reach you at this address from - till |  | We can reach you at this address from - till |  |
|  |
| Request date(s) of loading |  |
|  |
| Timing of shipping of your goods | **A.S.A.P. AFTER PACKING** | **AT MY CALL** | **ON A CERTAIN DATE:** |
|  |
| Service requested |  |  | **FULL-SERVICE INTO NEW RESIDENCE** |
|  |
| Place | Date | Signature |