

RESTRICTED (WHEN COMPLETED)

**TRANSMISSION OF PROTECTIVELY MARKED HARDWARE
METHOD OF MOVEMENT AND SECURITY PLAN**

Part 1 – Movement Plan

1	FULL DESCRIPTION OF MATERIALS:
2	HIGHEST PROTECTIVE MARKING: a) Exterior b) Contents
3	SPECIAL FEATURES (e.g. Special handling or storage requirements)
4	NUMBER OF PACKAGES / ITEMS
5	WEIGHT / DIMENSIONS
6	METHOD OF PACKAGING / TYPE OF CONTAINER
7	PROPOSED DATE OF DESPATCH / JOURNEY a) Outward b) Return
8	CONSIGNOR a) Company name b) Department c) Name of company official responsible d) Position e) Telephone number
9	NAME AND ADDRESS OF CONSIGNEE
10	PROPOSED METHOD OF TRANSPORTATION / ROUTE(S)
11	LOCATION / DATE OF OVERNIGHT STOPS
	1. 2.
	3. 4.
	5. 6.
	7. 8.

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12	SEA FREIGHT a) Company b) Vessel c) Port of Departure d) Port of Arrival
13	AIR FREIGHT e) Company f) Port of Departure g) Port of Arrival
14	a) HAULAGE CONTRACTOR (if non-company) b) VEHICLE REGISTRATION NUMBERS
15	ARRANGEMENTS FOR CUSTOMS EXAMINATION PLUS SEALING (if any)
16	PERSONAL DETAILS OF DRIVER(S) / ESCORT(S) (including PIT / Passport Number)
17	PROCEDURE TO BE ADOPTED IN THE EVENT OF A BREAKDOWN / ACCIDENT etc.
18	SUPERVISION OF LOADING / UNLOADING (if applicable)
19	REASON FOR TRANSMISSION
20	ADDITIONAL INFORMATION

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Part 2 – Overnight Arrangements

1	LOCATION OF STOP (including country)		
	1. 2. 3. 4.		
2	TYPE OF ESTABLISHMENT		
	1. 2. 3. 4.		
3	PROTECTION AFFORDED (type of compound etc.)		
	1. 2. 3. 4.		
4	FREQUENCY OF CHECKS (if applicable)		
	1. 2. 3. 4.		
5	TO BE CHECKED BY (if applicable)	1.	
		2.	
		3.	
		4.	
6	CONTRACT	Location	Name
	1		
	2		
	3		
	4		
7	ALTERNATIVE LOCATIONS / CONTACTS / PHONE NUMBERS (if necessary)		
	1. 2. 3. 4.		
8	TYPE OF ESTABLISHMENT		

Signature: Name:

Position: Date: