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| **REQUEST FOR THE DELIVERY OF PE FROM STORE**  *(TO BE COMPLETED USING BLOCK CAPITALS ONLY)* | | | | | | | | | | | | |
| **PART 1. PERSONAL DETAILS** | | | | | | | | | | | | |
| **Service Number:** | | | **Rank or Grade:** | | | | | | | **Initials:** | | |
| **Name:** | | | **Service:** | | | | | | | **Regt or Corps: *(Military Only)*** | | |
| **Address Of Current Duty Station:** | | | | | | | **Address Of New Duty Station:** | | | | | |
|  | | | | | | |  | | | | | |
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|  | | | | | | |  | | | | | |
|  | | | | | | |  | | | | | |
| **Discharge Date (If Applicable):** | | | | | | | **Reporting Date At New Duty Station:** | | | | | |
| **Address Of Storage Contactor:** | | | | | | | **UBM Ref No.** | | | | | |
| **PART 2. DELIVERY DETAILS – WITHIN UK** | | | | | | | | | | | | |
| The UB of the above person is held in the storage facility shown above. They require delivery of their UB from store to the UK address shown below, in accordance with the date requested. | | | | | | | | | | | | |
| **Delivery Address:** | | | | **Your Contact Details:** | | | | | | | | **Date Requested:** |
|  | | | | **E-mail:** | | | | | | | |
|  | | | |
|  | | | | **Civilian Telephone:** | | | | | | | |
|  | | | |
| **PART 3. DELIVERY DETAILS – OVERSEAS (*If assigned to an FMS designated country)*** | | | | | | | | | | | | |
| The UB of the above person are held in the storage facility shown above. They require delivery of some or all of the effects to an overseas address. Movement overseas will be effected under the MOD Unaccompanied Baggage arrangements made by MOD Unaccompanied Baggage Manager (UBM) and the storage contractor is authorised to release the UB from store to the UBM for this purpose. For clarification of entitlement please reference/read JSP 752 found on the Agility home page at grms.agilitylogitics.com  *Tick as appropriate:* | | | | | | | | | | | | |
| **[ ] ALL** PE from store is to be moved overseas under UBM arrangements. | | | | | | | | **[ ] PARTIAL** PE from store is to be moved overseas under UBM arrangements. | | | | |
| |  |  |  | | --- | --- | --- | | **Delivery Address:** | **Your Contact Details:** | **Date Requested:** | |  | **E-mail:** | |  | |  | **Civilian Telephone:** | | | | | | | | | | | | | |
| **PART 4. SPECIAL NOTES & DECLARATION (*Tick as appropriate*)** | | | | | | | | | | | | |
| **[ ]** Under current regulations, I am entitled to convey up to a maximum allowance of 67.92 cubic metres from store to an address in the UK. In the event that I require a volume in excess of this allowance to be conveyed, the maximum charge that will be paid by MOD for this move shall be limited to the movement of the maximum allowance. Any payment in respect of the movement of volumes over and above the official allowance is my responsibility. I understand that I will be billed directly by the contractor and will be responsible for the payment of the excess volume moved.  **[ ]** I am entitled to move **ALL** of my UB from store to an overseas duty station in an FMS designated area . I understand that the movement of my consignment will be undertaken by a UBM appointed contractor.  **[ ]**  I am entitled to move **PART** of my UB from store to an overseas duty station. I understand that the movement of my consignment will be undertaken by a UBM appointed contractor.  **I understand that my entitlement to storage at public expense ceases 28 days after the official date on which I return to the UK (30 days for UKBC) upon completion of my overseas tour.** | | | | | | | | | | | | |
| **Name:** | **Rank:** | | | | **Date:** | | | | **Signature:** | | | |
| **PART 5. AUTHORISATION – TO BE COMPLETED BY DELEGATED OFFICER OR**  **WARRANT OFFICER AT CURRENT DUTY STATION** | | | | | | | | | | | | |
| I certify that I have no reason to doubt the accuracy of the particulars of this application.  The authority for this removal from store is:  Assignment Reference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **APPOINTMENT** | | **RANK** | | | | | | | | | **UNIT STAMP** | |
| **SURNAME** | | **SIGNATURE** | | | | | | | | |
| **PART 6. DISTRIBUTION OF COMPLETED FORM** | | | | | | | | | | | | |
| **If your PE were placed into store AFTER 15 October 2010** send this completed form direct to  Agility GRMS at  Email: [rso@agility.com](mailto:rso@agilitylogistics.com)  Fax: 0844 282 1468 | | | | | | **If your PE were placed into store before 15 October 2010** Please request guidance from MSS div, Abbey Wood.  Tel:  0306 7981011 /9679 81011  Fax:  01179 138973/9352 38973 | | | | | | |