

## APPLICATION FOR STORAGE OF HOUSEHOLD EFFECTS

NAME:		
ADDRESS:		
REASON STORAGE SOUGHT (please	tick):	
☐ RELINQUISHING RENTAL ACCO	MMODATION	
☐ OTHER (please detail):		
<b>NOTE:</b> It is recommended that you storage. The AAD is not responsible		effects insurance whilst your belongings are in cannot provide indemnity for this.
SIGNATURE:		DATE:
OFFICE USE		
Station:	Departure Voyage / Flight No.:	
Summer	☐ Winter	☐ Round Trip
Application meets requirements:	Signature:	nior People Advisor
		·
and the second of the second		
Where application does not meet no	·	
I recommend this application be AP	PROVED/NOT APPROVED for t	he following reason(s):
This recommendation is APPROVED,	NOT APPROVED	
Delegate Signature:		Date:
Expeditioner Notified: YES No		