

Please complete the following at HANDOVER of car

VEHICLE DATA

Licence plate:

VIN: ·

Car model/type:

Licence plate correct?

Tow bar:

Yes ☐ No ☐

Mileage at Delivery: *

Handover date: *

DELIVERING RETAILER

Company Name/Address:

Handover of Volvo car performed as "Home or workplace delivery" service: Yes ☐ No ☐

Care by Volvo CUSTOMER

CDBID:

Order ID:

Address:

Customer name:

Customer e-mail:

Customer telephone:

Volvo Car UK Limited, registered in England and Wales under company number 02281044. Registered office: Scandinavia House, Norreys Drive, Maidenhead, Berkshire, SL6 4FL.

Volvo Car UK Limited authorised and regulated by the Financial Conduct Authority, Firm Reference No. 678616.

Volvo Car UK Insurance is arranged and administered by Wrisk Transfer Limited, registered in England and Wales under company number 10657213. Registered office: 45 Gresham Street, London, EC2V 7BG. Wrisk Transfer Limited authorised and regulated by the Financial Conduct Authority, Firm reference No. 788062. The FCA's register can be checked for details of their permissions, history and contact details.

AT DELIVERY	
Fuel level / Charge level	*Se... ▾
No accessories	* <input type="radio"/>
All accessories delivered (please specify delivered accessories in comments-field below)	* <input type="radio"/>
All accessories not available (please specify details in comments-field below)	* <input type="radio"/>
Comments: <div></div>	

DELIVERY Check-In

* ☐ Driving licence has been presented and validated in physical form, the details of which are as follows:

Driving Licence No.: *

Issue Date: *

Expiry Date: *

In the event the customer's driving licence does not show the residential address:

☐ Utility bill issued within the last three months has been presented and validated in physical form

In the event driving licence is not presented, fill in passport details:

☐ Current signed passport has been presented and validated in physical form. Details as follows:

Passport no:

Issue Date:

Expiry Date:

Delivery Date: *

Company Name/Address:

Retailer Employee's Name:

Contact Telephone: *

Retailer Employee's Signature: * [Click here to sign](#)

"I hereby find the Handover completed to my satisfaction (i.e. I can safely use the features and controls of the vehicle)".

Customer's / Recipient's Name:

Customer's / Recipient's Signature: