If you need technical help in completing this form please call 01256318111


| Company name: |  |
| :--- | :--- |
| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |
| Telephone No: |  |


| $\mathrm{A}=\mathrm{B}+200 \mathrm{~mm}$ Minimum ceiling height |  |
| :--- | :--- |
| $\mathrm{B}=\square \mathrm{mm}$ | Left Hand $\quad \square$ |
| $\mathrm{C}=900 \mathrm{~mm}$ |  |
| $\mathrm{D}=\mathrm{B}-860 \mathrm{~mm}$ |  |
| $\mathrm{E}=\mathrm{F}-\mathrm{D} \mathrm{mm}$ | Right Hand $\square$ |
| $\mathrm{F}=\square \mathrm{mm}(\max 3815)$ |  |


| Office use only |
| :--- |
| Completed by: |
| Date: |
| Stock Transfer No: |
| Barrier part No: |

