

SCHEDULE 1

Thompsons of Crews Hill Ltd

To whom it may concern

[Date].....

[Date of Delivery].....

[Invoice Number].....

[Print name/company name].....

[Print address/company address].....

.....
.....
.....

I/We, the above named, fully indemnify Thompsons of Crews Hill Limited in all respects in relation to any costs, losses, damages or causes of action (save for any incidents resulting in personal injury or death) which are incurred as a result of the delivery or unloading of goods at the delivery address on the corresponding invoice number. I/We confirm that liability for any such losses will rest with us, the undersigned, and not with Thompsons of Crews Hill Ltd.

Signed.....

Print name.....

In the presence of

Witness signature.....

Witness print name.....

Witness address.....

.....

Witness occupation.....