

Date

Notes

To be sent by registered post

For with-
drawal from
the post For alteration
or correction
of address For cancellation
or alteration
of the COD amount

Office of origin		Office of destination	
Our telefax No.		Telefax No.	
Description of item	Nature of item	No. of item	Date of dispatch
	Office of origin	<input type="checkbox"/> Facsimile attached	
	Description (form, colour of the item, etc.)		
	Sender (name and full address)		
	Addressee (name and full address)		
	Original COD amount in figures (where applicable)		
	Withdrawal from the post	Please return the item	
<input type="checkbox"/> priority/air		<input type="checkbox"/> S.A.L.	<input type="checkbox"/> non-priority/surface
Alteration or correction of address	Please redirect the item		
	<input type="checkbox"/> priority/air	<input type="checkbox"/> S.A.L.	<input type="checkbox"/> non-priority/surface
New address or requested alteration			
Cancellation/ Alteration of the COD amount	<input type="checkbox"/> Please cancel the COD amount		<input type="checkbox"/> Please alter the COD amount
	New COD amount (in words and figures)		

Signature

Particulars to be supplied by the office of exchange

To be supplied for parcels and registered and insured items only	Mail in which the item was sent abroad	<input type="checkbox"/> Priority/air	<input type="checkbox"/> S.A.L.	<input type="checkbox"/> Non-priority/surface
		No.	Date	
		Dispatching office of exchange		
		Office of exchange of destination		
		No. of the bill/list	<input type="checkbox"/> Letter bill (CN 31 or CN 32) <input type="checkbox"/> Special list (CN 38)	
		Serial No.	<input type="checkbox"/> Dispatch list (CN 16)	
		<input type="checkbox"/> Bulk advice	Date and signature	

Reply of the office of destination

<input type="checkbox"/> The item in question has already been delivered to the addressee	<input type="checkbox"/> The request was not explicit enough; please send additional details
<input type="checkbox"/> The item in question has been seized under the country's internal legislation	<input type="checkbox"/> The search was unsuccessful
Additional information	

Place, date and signature

To be returned, duly completed, to the office of origin