**Form for submission of claims for force majeure**

Please return the completed form to the address below:

International Bureau

Universal Postal Union

Fax: +41 31 350 31 10

E-mail: urgent@upu.int

**1. Force majeure – open case**

|  |
| --- |
| Designated operator |
| Contact name |  |  |
|  | Ms |  | Mr |
| Tel. | Fax |
| E-mail |

1.1 Description of the problem that led to the application for force majeure:

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| 1.2 Details of the reasons for invoking force majeure |
| 1.3 Date on which the problem began: |  |
| 1.4 Does the problem affect your entire territory? (Yes or No) |  |
| 1.5 If you answered "No" to 1.4, please detail the postcodes/offices/cities/areas affected by the problem |  |

1.6 Products affected by the force majeure: Letters ❒ Parcels ❒ EMS ❒

|  |  |
| --- | --- |
| 1.7 Does the problem affect yourcustomer service call centre? (Yes or No) |  |
| 1.8 If you answered "Yes" to 1.7, please detail the name/code of the call centre affected by the problem and which product(s) it serves |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

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**2. Force majeure – close case**

|  |
| --- |
| Designated operator |
| Contact name |  |  |
|  | Ms |  | Mr |
| Tel. | Fax |
| E-mail |

|  |
| --- |
| 2.1 Details of the final application for force majeure: |
| 2.2 Dates on which the problem began and ended |  |
| 2.3 Did the problem affect your entire territory? (Yes or No) |  |
| 2.4 If you answered "No" to 2.3, please detail the postcodes/offices/cities/areas affected by the problem |  |
| 2.5 Did you scan the affected items? (Yes or No) |  |
| 2.6 Products affected by the force majeure | Letters ❒ Parcels ❒ EMS ❒ |
| 2.7 Is this a Formal Claim as per the force majeure provisions in the GMSQLUG Rules of Procedure and User Manual? (Yes or No) |  |
| 2.8 If you answered "Yes" to 2.7, please provide further details and attach evidences of the problem occurred (media articles and/or documents or official communication from third parties) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |