

INQUIRY

Office of origin (to which the form is to be returned). Fax No.	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
	Date of inquiry	References
	Date of duplicate	
	Service of destination. Fax No.	

Particulars to be supplied by the service of origin

Reason for inquiry	<input type="checkbox"/> Item not arrived	<input type="checkbox"/> Contents missing	<input type="checkbox"/> Damage	<input type="checkbox"/> Delay	Date of arrival
	<input type="checkbox"/> Advice of receipt not completed	<input type="checkbox"/> Advice of receipt not returned	<input type="checkbox"/> Unexplained return of item	<input type="checkbox"/> COD amount not received	
Item under inquiry	No. of item				
	<input type="checkbox"/> Priority	<input type="checkbox"/> Non-priority	<input type="checkbox"/> Parcel		
	<input type="checkbox"/> Letter	<input type="checkbox"/> Printed paper	<input type="checkbox"/> Small packet	Weight	
	Amount of insured value		COD amount and currency	Amount of indemnity, including charges (in SDR)	
Special indications	<input type="checkbox"/> By airmail	<input type="checkbox"/> S.A.L.	<input type="checkbox"/> Tracked	<input type="checkbox"/> Advice of receipt	<input type="checkbox"/> COD
Posted	Date	Office			<input type="checkbox"/> Receipt seen
	Charges paid (national currency)		Other fees (national currency)		
Sender	Name and full address. Telephone No.			<input type="checkbox"/> The sender requests the addressee's declaration on a CN 18 form	
Addressee	Name and full address. Telephone No.				
Contents and outer packing (precise description)					
Item found	To be sent to <input type="checkbox"/> the sender <input type="checkbox"/> the addressee				

Particulars to be supplied by the office of exchange

Mail in which the item was sent abroad	<input type="checkbox"/> Priority/Air No	<input type="checkbox"/> S.A.L. Date	<input type="checkbox"/> Non-priority/Surface
	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 33)	
	Serial No.	<input type="checkbox"/> Special list (CN 16) <input type="checkbox"/> Parcel bill (CP 87)	
	<input type="checkbox"/> Bulk advice	Date and signature	

Particulars to be supplied by the intermediate services

Mail in which the item was sent	<input type="checkbox"/> Priority/Air No.		<input type="checkbox"/> S.A.L. Date		<input type="checkbox"/> Non-priority/Surface	
	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 33)			
	Serial No.		<input type="checkbox"/> Special list (CN 16) <input type="checkbox"/> Parcel bill (CP 87)			
	<input type="checkbox"/> Bulk advice		Date and signature			

Particulars to be supplied by the service of destination

In case of delivery			Date
	<input type="checkbox"/> The item was duly delivered to the rightful owner		
In case of non-delivery	In case of damage or delay, give the reason in the "Final reply" part under "Any other comments"		
	The item	Name of office	
	<input type="checkbox"/> is being held at	Reason	
	<input type="checkbox"/> was returned to the office of origin	Date	
		Reason	
	<input type="checkbox"/> was redirected	Date	
		New address in full	
	<input type="checkbox"/> The item has not been received at the office of destination. The addressee's CN 18 declaration is attached		
	COD	Date	
Dispatch of COD amount			
The amount was sent			
<input type="checkbox"/> to the sender of the item		Name of giro office	
<input type="checkbox"/> to the giro office		No.	
<input type="checkbox"/> The amount was credited to the giro account		Reason	
<input type="checkbox"/> COD amount has not been collected			
Delivery office	Name, date and signature		

Final reply

The investigations made in our service have been unsuccessful. If the item under inquiry has not been received back by the sender, we authorize you to compensate the inquirer within the prescribed limits and to debit us in a CP 75 or CN 48 account, as appropriate	
<input type="checkbox"/> The full amount paid <input type="checkbox"/> Half of the amount paid (bulk advice)	
<input type="checkbox"/> According to the agreement between our two countries, you have to compensate the inquirer	
Any other comments	
Designated operator of destination. Date and signature	

RECEIPT FOR CN 08 INQUIRY LODGED

Inquiry No. _____

Inquiry made in the post office of (place) _____ on (date) _____

Item under inquiry

Item posted in the post office of (place) _____ on (date) _____

Item No. _____

☐ Priority☐ Non-Priority☐ Letter☐☐ Printed matter☐ Small packet☐ Registered☐ Insured☐ Parcel

Weight _____ Delivered on (date, if known) _____

Insured for _____ Amount and currency of reimbursement _____

Special indications☐ Tracked☐ Advice of delivery☐ Cash-on-delivery**Inquiry about**☐ Undelivered item☐ Missing contents☐ Damaged item☐ Delay☐ Non-completed advice of delivery☐ Amount of reimbursement☐ Other (please specify) _____**Person making the inquiry**Full name/Address/Postcode/City/Country

_____**Reply procedure**

Please let us know how you prefer to receive our answer:

☐ Fax No. _____ ☐ Phone No. _____ ☐ E-mail _____☐ Post _____ ☐ Other _____**In the case of items for which reimbursement may be due please indicate the preference of the sender/addressee/other person**Sender/Addressee/Other person (Full name/Address/Postcode/City/Country)

_____☐ Giro☐ Money order☐ Cash☐ Giro account No. _____**Sender**Full name/Address/Postcode/City/Country

_____**Addressee**Full name/Address/Postcode/City/Country

_____**Description of contents**

_____**Designated operator**

(Section to be detached and given to customer)

For details, please contact our International Claims/Inquiries Office:

Tel: _____ Fax: _____ E-mail: _____

Opening days _____ Opening hours _____

This receipt acknowledges the lodging of your request for information about the following item

Receipt for inquiry No. _____

Inquiry made in the post office of _____ on (date) _____

Item posted at the post office of (place) _____ on (date) _____

Kind of item _____ Item No. _____

Destination country _____

Signature of post office official receiving the inquiry

_____Date stamp

To be kept by the customer