

DECLARATION
concerning non-receipt
(or receipt) of a postal item

Nature of item	<input type="checkbox"/> Priority <input type="checkbox"/> Non-priority <input type="checkbox"/> Parcel <input type="checkbox"/> Registered			
	<input type="checkbox"/> Letter	<input type="checkbox"/> Printed paper	<input type="checkbox"/> Small packet	<input type="checkbox"/> Insured
Special particulars	Insured value			
	<input type="checkbox"/> Airmail <input type="checkbox"/> S.A.L. <input type="checkbox"/> Tracked <input type="checkbox"/> Advice of receipt <input type="checkbox"/>	COD amount and currency		
	<input type="checkbox"/> COD			
Posting	Other information			
	No. of item			
	Date of posting		Office of posting	
Sender	Weight of item			
	Name and full address			
Addressee				
	Name and full address			
Contents	Precise description of contents			

Declaration	<input type="checkbox"/> This item was delivered to me on _____ Date _____	
	<input type="checkbox"/> I have not received this item by post or by any other means	
	Place and date	
	Signature	