

Office or service sending the advice. Fax No.	Date	Our reference
	Your date	Your reference
	Designated operator of origin of the inquiry	

**Item concerned**

Item under inquiry	<input type="checkbox"/> Priority <input type="checkbox"/> Non-priority <input type="checkbox"/> Parcel		No. of item	
	<input type="checkbox"/> Letter <input type="checkbox"/> Printed paper <input type="checkbox"/> Small packet		Weight	
	Amount of insured value		COD amount and currency	
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	
	Charges paid (national currency)		Other fees (national currency)	
Sender	Name and full address. Telephone No.			
Addressee	Name and full address. Telephone No.			
CN 08 form redirected today to	Name of office. Fax No.			

**Information on the redirection of the item concerned**

Notes		The office of exchange of destination received the item without comment  If the inquiry is not answered in a reasonable time, a duplicate should be sent to the service to which we redirected the inquiry, giving the information below. The matter may be regarded as closed as far as our service is concerned	
To be supplied for parcels and registered and insured items only	Mail	<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	
Other information			

Signature