

THE MAURITIUS POST LTD.

Postal Administration of origin

INQUIRY

(Serial No.)

CN 08

Office of origin (to which the form is to be returned) Telefax No.	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> Recorded Delivery
	Date of inquiry			
	Date of duplicate			
Service of destination, Telefax 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"/> COD amount not received			
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	<input type="checkbox"/>	Weight
	Amount of insured value			COD amount of currency	
Special indications	<input type="checkbox"/> By airmail	<input type="checkbox"/> S.A.L.	<input type="checkbox"/> Express	<input type="checkbox"/> Advice of receipt	<input type="checkbox"/> COD
Posted	Date	Office			<input type="checkbox"/> Receipt seen
Sender	Name and full address. Telephone No.				
Addressee	Name and full address. Telephone No.				
Contents (precise description)					
Item found	<input type="checkbox"/> To be sent to the sender <input type="checkbox"/> the addressee				

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 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"/> Dispatch list (CN 16)		<input type="checkbox"/> Parcel bill (CP 86 or CP 87)
		<input type="checkbox"/> Bulk Advice	Date and signature		

Particulars to be supplied by the intermediate services

To be supplied for parcels and registered and insured items only	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"/> Dispatch list (CN 16)	<input type="checkbox"/> Parcel bill (CP 86 or CP 87)	
		<input type="checkbox"/> Bulk Advice	Date and signature		
Particulars to be supplied by the service of destination					
In case of delivery	<input type="checkbox"/> The item was duly delivered to the rightful owner			Date	
	In case of damage or delay, give the reason in the "Final reply" part under "Any other comments"				
In case of non-delivery	The item <input type="checkbox"/> is being held at	Name of office			
		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	No of money order		
	Dispatch of COD amount				
	The amount was sent <input type="checkbox"/> to the sender of the item				
	<input type="checkbox"/> to the giro office	Name of giro office			
	<input type="checkbox"/> The amount was credited to the giro account	No			
	<input type="checkbox"/> COD amount has not been collected	Reason			
Delivery office	Name, date and signature				

Final Reply

To be given by the administration of destination	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 with the prescribed limites and to debit us in 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)	Reference	
	<input type="checkbox"/> According to the agreement between our two countries, you have to compensate the inquirer			
	Any other comments			
	Administration of destination. Date and signature			