

Declaration of recipient



Case number:

Shipment information:

Shipment number:	
Delivery from/on:	
Shipment contents:	Other contents where applicable

Sender and recipient information:

Sender:	
Recipient:	
Recipient's phone number:	

Please check or complete the following, where applicable.

With regard to the item described above, I

☐ received it on ____/____/____ (date).
☐ did not receive it.

If necessary: The COD amount was

☐ paid to the courier.
☐ paid at the post office/postal agency (enter address) _____.
☐ not paid.

I hereby confirm that the aforementioned information is true and accurate.

Place, date

Signature