maltaPOST

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INTERNATIONAL ENQUIRY
FORM

MAR/019

TYPE OF ENQUIRY (TICK)

LOSS		DELAY		DAMAGED		OTHER	

PLEASE SPECIFY:

DETAILS OF SENDER:

NAME & SURNAME:

ADDRESS:

POSTCODE:	TELEPHONE:
MOBILE:	EMAIL:

DETAILS OF ADDRESSEE

NAME & SURNAME:

ADDRESS:

COUNTRY:	POSTCODE:
MOBILE/TELEPHONE:	EMAIL:

WHICH SERVICE WAS USED? (TICK)

PARCEL		REGISTERED		REGISTERED AR		EMS	

WAS THIS ITEM INSURED? (TICK)

PREMIUM		STANDARD	
NOT INSURED			

DESCRIPTION OF CONTENTS:

TRACKING NO.:

COMPENSATION:

VALUE OF CONTENTS: (€)	POSTAGE PAID: (€)
COMPENSATION CLAIMED: (€)	

Please attach copy of any registration receipt/s, postage paid receipts, copy of original purchase invoice of contents to provide evidence of cost price and any other supporting documentation. Kindly submit this form to:

info@maltapost.com

ANY COMPENSATION DUE CAN BE PAID DIRECTLY TO YOUR BANK ACCOUNT:

BANK NAME:	IBAN:
NAME OF ACCOUNT HOLDER:	

N.B. The following charges may apply for payments to banks other than Lombard, BOV & APS. €1 up to €1000 compensation, €4 over €1000 compensation.

DECLARATION:

I, the undersigned, declare that the information provided above is true and correct.

I also hereby authorise MaltaPost p.l.c. to forward this form, or any information contained herein, and any other relevant information as may be necessary, to Mapfre Middlesea p.l.c. in the event that I wish to register a claim with Mapfre Middlesea p.l.c.

NAME & SURNAME:	
I.D. CARD:	
ADDRESS:	
DATE:	

FOR OFFICE USE ONLY - MALTAPOST

THE POSTAL ARTICE HAS BEEN:	DELIVERED		RECEIVED DAMAGED		LOST	
NAME & SURNAME:						
CUSTOMER CARE OFFICE DATE STAMP:						