



MaltaPost p.l.c.
305, Qormi Road,
Marsa MTP 1001, Malta

+356 2122 4421
info@maltapost.com
www.maltapost.com

INTERNATIONAL / LOCAL ENQUIRY FORM

MAR/019 REV 2

TYPE OF ENQUIRY (TICK)

| | | | | | | | |
|------|--------------------------|-------|--------------------------|---------|--------------------------|-------|--------------------------|
| LOSS | <input type="checkbox"/> | DELAY | <input type="checkbox"/> | DAMAGED | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |
|------|--------------------------|-------|--------------------------|---------|--------------------------|-------|--------------------------|

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 | <input type="checkbox"/> | REGISTERED | <input type="checkbox"/> | REGISTERED AR | <input type="checkbox"/> | EMS | <input type="checkbox"/> |
|--------|--------------------------|------------|--------------------------|---------------|--------------------------|-----|--------------------------|

WAS THIS ITEM INSURED? (TICK)

| | | | | | |
|-----------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|
| STANDARD (€5) | <input type="checkbox"/> | PREMIUM 1 (€15) | <input type="checkbox"/> | PREMIUM 2 (€25) | <input type="checkbox"/> |
| PREMIUM 3 (€30) | <input type="checkbox"/> | PREMIUM 4 (€50) | <input type="checkbox"/> | NOT INSURED | <input type="checkbox"/> |

DETAILED DESCRIPTION OF CONTENTS:

TRACKING NO.:



MaltaPost p.l.c.
305, Qormi Road,
Marsa MTP 1001, Malta

+356 2122 4421
info@maltapost.com
www.maltapost.com

INTERNATIONAL / LOCAL ENQUIRY FORM

MAR/019 REV 2

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. Failure to submit any documentation as required by MaltaPost may result in any compensation claim to be null. Kindly submit this form to info@maltapost.com.

ANY COMPENSATION DUE WILL 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 Postalnsure Agency L.T.D. in the event that I wish to register a claim with Postalnsure Agency L.T.D.

| |
|-----------------|
| NAME & SURNAME: |
|-----------------|

| | |
|------------|--|
| I.D. CARD: | |
|------------|--|

| |
|----------|
| ADDRESS: |
|----------|

| |
|-------|
| DATE: |
|-------|

FOR OFFICE USE ONLY - MALTAPOST

| | | | | | | |
|------------------------------|-----------|--|------------------|--|------|--|
| THE POSTAL ARTICLE HAS BEEN: | DELIVERED | | RECEIVED DAMAGED | | LOST | |
|------------------------------|-----------|--|------------------|--|------|--|

| |
|-----------------|
| NAME & SURNAME: |
|-----------------|

| |
|----------------------------------|
| CUSTOMER CARE OFFICE DATE STAMP: |
|----------------------------------|