


Postal administration of origin <b>GUATEMALA C.A.</b>		<b>INQUIRY</b>		<b>CN08</b> (old C8/C9)	
Office of origin (to which the form is to be returned)  <b>GUATEMALA C.A.</b>		<input type="checkbox"/> Ordinary <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Recorded Delivery			
		Date of enquiry Date of duplicate			
		Reference			
<b>Particulars to be supplied by the service of origin</b>					
Reason for enquiry	<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 enquiry	<input type="checkbox"/> Priority <input type="checkbox"/> Non-priority <input type="checkbox"/> Parcel				
	<input type="checkbox"/> Letter <input type="checkbox"/> Printed Paper <input type="checkbox"/> Small Packet				
			Weight		
Special indications	<input type="checkbox"/> By Air Mail <input type="checkbox"/> S.A.L. <input type="checkbox"/> Express			<input type="checkbox"/> Advice of receipt	
Posted	Charges paid (national currency)		Other fees (national currency)		
Sender	<b>NAME AND FULL ADDRESS:</b>		<b>TELEFONO</b>		
Addressee	<b>NAME AND FULL ADDRESS:</b>		<b>TELEFONO</b>		
Contents (precise description)					
To be supplied for parcels and registered and insured items only	Mail in which the item was sent abroad	<input type="checkbox"/> Priority / Air <input type="checkbox"/> S.A.L. <input type="checkbox"/> Non-Priority / Surface			
		Dispatching office <b>GTGUAA</b>		<b>DATE:</b>	
		Dispatching office of exchange Office of exchange of destination			
		No of the bill / list	<input type="checkbox"/> Letter bill (CN 31 or CN32) <input type="checkbox"/> Special list CN33		
	<input type="checkbox"/> Dispatch List (CN 16) <input type="checkbox"/> Parcel bill (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	Transmission Mail in which the item was sent	<input type="checkbox"/> Priority/Air <input type="checkbox"/> S.A.L. <input type="checkbox"/> Non-priority/Surface  No _____ Date _____	
		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	Date _____ <input type="checkbox"/> The item was duly delivered to the rightful owner In case of damage or delay, give the reason in the "Final reply" per under "Any other comments"		
In case of non-delivery	The item _____	Name of _____	
	<input type="checkbox"/> is being held at _____	Reason _____	
	<input type="checkbox"/> was returned to the office of origin _____	Date _____	
	<input type="checkbox"/> was redirected _____	Reason _____	
	<input type="checkbox"/> was redirected _____	Date _____	
	<input type="checkbox"/> was redirected _____	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	Despatch of COD amount _____	Date _____	No of money order _____
	The amount was sent _____		
	<input type="checkbox"/> to the sender of the item _____	Name of giro office _____	
	<input type="checkbox"/> to the giro office _____	<input type="checkbox"/> The amount was credited to the giro account <input type="checkbox"/> No	
	<input type="checkbox"/> COD amount has not been collected _____	Reason _____	
Delivery office	Name, date and signature _____		
Final reply			
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 within the prescribed limits and to debit us in a CP 75 or CN 48 account, as appropriate			
[ ] Reference			
<input type="checkbox"/> The full amount paid _____	<input type="checkbox"/> Half of the amount paid (bulk advice) _____		
<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 _____			