

External Use

305, Triq Hal-Qormi,
 II-Marsa, MTP1001
 Tel no: 2122 4421
 www.maltapost.com



LOCAL REGISTERED MAIL PROOF OF DELIVERY FORM

TYPE OF ENQUIRY

- ☐ Proof of delivery
☐ Other (please specify) _____

- ☐ Sender
☐ Addressee

DETAILS OF SENDER

Name _____ Company _____

Address _____

Town _____ Post Code _____

Tel/Mobile No. _____ Fax No. _____

DETAILS OF ADDRESSEE

Name _____ Company _____

Address _____

Town _____ Post Code _____

Tel/Mobile No. _____ Fax No. _____

REGISTERED ITEMS DETAILS

AT WHICH RETAIL OUTLET ITEM WAS REGISTERED _____

DATE ITEM WAS REGISTERED _____

REGISTERED ITEM NO. _____

DESCRIPTION OF CONTENTS _____

VALUE OF ITEM _____

DECLARATION

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

 Signature

 Date

**PLEASE AFFIX
 €1.16 STAMP
 for local mail**

Please attach copy of any registration receipt.
 Please complete this form accurately and mail to:
 MaltaPost p.l.c. , Customer Care Dept.
 305 Triq Hal Qormi
 II- Marsa MTP 1001
 Email: info@maltapost.com Tel: 2122 4421

NO STAMP
 REQUIRED IF AR
 CARD WAS
 USED