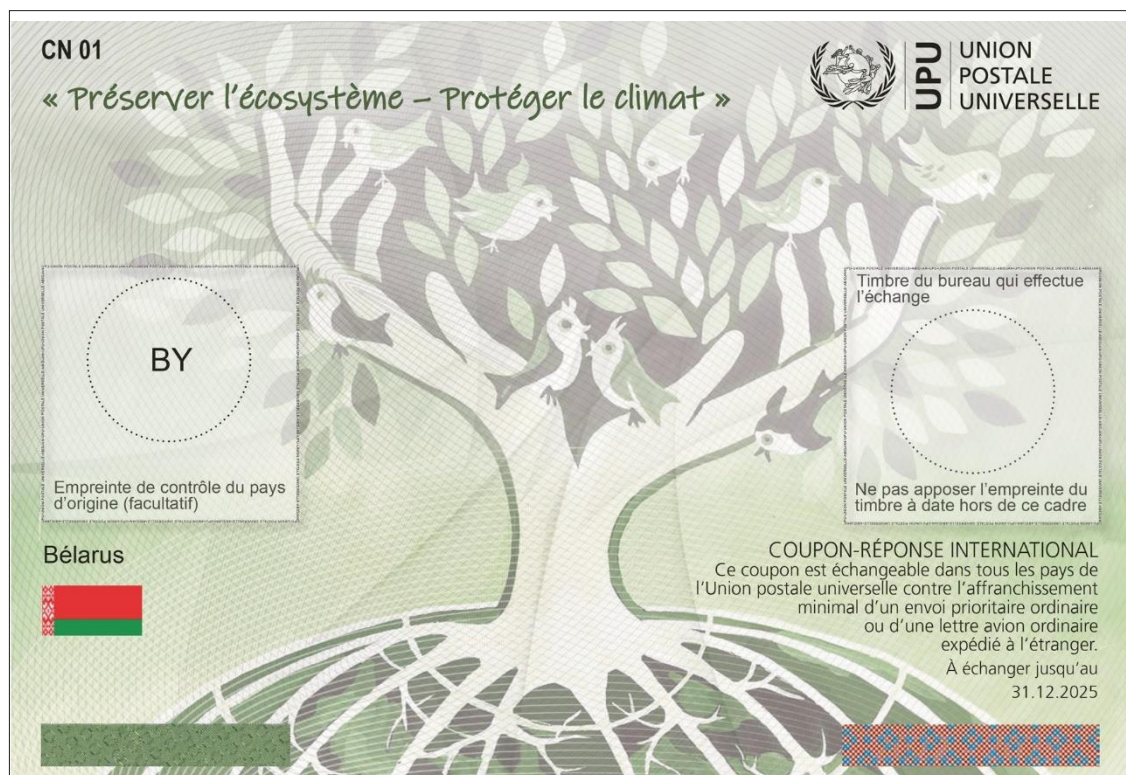


Annexes: Forms



¹ This explanation is repeated on the back of the coupon in Arabic, Chinese, English, German, Russian and Spanish. Dimensions 149 x 102

mm

Designated operator and
postal address

DETAILED STATEMENT
Reply coupons exchanged
Date

CN 03

Bureau international de l'UPU Coupons-réponse internationaux Case postale 312
CH-3000 BERNE 15 SUISSE

Reply coupons at 0.74 SDR exchanged and sent to the International Bureau	Number	Amount in SDR

Method of reimbursement

In order to proceed with reimbursement of the sum of _____ SDR, please indicate the preferred method of reimbursement from among the following three options:

☐ *OPTION 1: transfer to a bank or postal account*

Choice of currency:

☐ USD (United States dollars)

☐ EUR (euros)

☐ CHF (Swiss francs)

Transfers of 200 SDR or more can only be made to the official accounts indicated by designated operators in an International Bureau circular concerning the settlement of international postal accounts. In the absence of such a circular, or for amounts below 200 SDR, the International Bureau will provisionally and automatically apply option 3 below.

☐ *OPTION 2: use UPU*Clearing*

Choice of currency:

☐ USD (United States dollars)

☐ EUR (euros)

☐ CHF (Swiss francs)

☐ *OPTION 3: enter the sum of _____ SDR (converted to CHF) to our designated operator's credit with the International Bureau.*

Designated operator.

Name and title of signatory

Stamp, date and signature

Seen and accepted by the International Bureau of the UPU

Place, date and signature

Berne,

CN 04



Size 74 x 26 mm, with capital R and line under serial number in red or black, if the regulations of the designated operator of origin allow

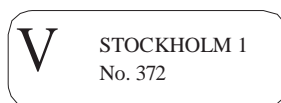
CN 05bis



Size 74 x 26 mm, colour red on white

CN 06

CN 06



Size 37 x 13 mm, colour pink



Size 74 x 26 mm, colour pink

Note. – Designated operators using barcodes in their service may use CN 06 labels in accordance with the above models bearing these codes in addition to the information already provided for

Designated operator of origin		ADVICE of receipt/of delivery/of payment/of entry		CN 07	
Office of posting		Date			
Addressee of the item					
Nature of the item					
<input type="checkbox"/> Priority/ Letter		<input type="checkbox"/> Non-priority/ Printed paper		<input type="checkbox"/> Parcel <input type="checkbox"/>	
<input type="checkbox"/> Registered No of item		<input type="checkbox"/> Insured Amount			
<input type="checkbox"/> Ordinary money order		<input type="checkbox"/> Outpayment		Amount	
<input type="checkbox"/> шпаймен money order		<input type="checkbox"/> cheque			
The item mentioned above has been duly					
<input type="checkbox"/> delivered		<input type="checkbox"/> paid		<input type="checkbox"/> credited to giro account	
Date		Signature*			
Name of recipient in capital letters (or other clear identification)					
* This advice may be signed by the addressee or, if the regulations of the country of destination so provide, by another authorized person					

Priority/
By
airmail

A.R.

On postal service

Stamp of the office returning the advice

To be filled in by the sender

Name

Street and No

Locality and country

Size 210 x 105 mm, with a tolerance of 2 mm, colour light red

INQUIRY

Registered

Insured

Office of origin (to which the form is to be returned). Fax No.	Date of inquiry	References
	Date of duplicate	
	Service of destination. Fax No.	

Particulars to be supplied by the service of origin

Reason for inquiry	<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"/> Advice of receipt not returned	<input type="checkbox"/> Unexplained return of item	<input type="checkbox"/> COD amount not received	
Item under inquiry	<input type="checkbox"/> Priority	<input type="checkbox"/> Non-priority	<input type="checkbox"/> Parcel	No. of item	
	<input type="checkbox"/> Letter	<input type="checkbox"/> Printed paper	<input type="checkbox"/> Small packet	Weight	
	Amount of insured value			Amount of indemnity, including charges (in SDR)	
Special indications	<input type="checkbox"/> airmail	<input type="checkbox"/> A.L.	<input type="checkbox"/> Tracked	<input type="checkbox"/> Advice of receipt	<input type="checkbox"/> COD
Posted	Date	Office	<input type="checkbox"/> Receipt seen		
	Charges paid (national currency)		Other fees (national currency)		
Sender	Name and full address. Telephone No.			The sender requests the addressee's declaration on a CN 18 form	
Addressee	Name and full address. Telephone No.				
Contents and outer packing (precise description)					
Item found	To be sent to <input type="checkbox"/> sender <input type="checkbox"/> the addressee				

Particulars to be supplied by the office of exchange

Mail in which the item was sent abroad	<input type="checkbox"/> Priority/Air	<input type="checkbox"/> L.	Non-priority/Surface
	No	Date	<input type="checkbox"/>
	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"/> Special 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

(Serial No.)

CN 08 (back)

Mail in which the item was sent	<input type="checkbox"/> Priority/Air No.		S.A.L. Date		Non-priority/Surface <input type="checkbox"/>	
	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"/> Special list (CN 16) <input type="checkbox"/> Parcel bill (CP 87)			
	<input type="checkbox"/> Bulk advice		Date and signature			

Particulars to be supplied by the service of destination

In case of delivery	<input type="checkbox"/> The item was duly delivered to the rightful owner		Date
	In case of damage or delay, give the reason in the "Final reply" part under "Any other comments"		
In case of non-delivery	The item is being held at		Name of office
			Reason
	<input type="checkbox"/> was returned to the office of origin		Date
			Reason
			Date
	<input type="checkbox"/> was redirected		New address in full
COD	<input type="checkbox"/> The item has not been received at the office of destination. The addressee's CN 18 declaration is attached		
	Date	No. of money order	
	Dispatch of COD amount		
	The amount was sent to the sender of the item		
	Name of giro office to the giro office		
	No.		
	The amount was credited to the giro account		
	Reason		
	COD amount has not been collected		
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	
Designated operator of destination. Date and signature	

RECEIPT FOR CN 08 INQUIRY LODGED		Inquiry No. _____	
Inquiry made in the post office of (place) _____		on (date) _____	
Item under inquiry			
Item posted in the post office of (place) _____		on (date) _____	
Item No. _____			
<input type="checkbox"/> Priority	<input type="checkbox"/> Non-Priority	<input type="checkbox"/> Letter	<input type="checkbox"/> _____
<input type="checkbox"/> Printed matter	<input type="checkbox"/> Small packet	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input type="checkbox"/> Parcel			
Weight ____ Delivered on (date, if known) _____			
Insured for _ Amount and currency of reimbursement ____			
Special indications			
<input type="checkbox"/> Tracked	<input type="checkbox"/> Advice of delivery	<input type="checkbox"/> Cash-on-delivery	
Inquiry about			
<input type="checkbox"/> Undelivered item	<input type="checkbox"/> Missing contents	<input type="checkbox"/> Damaged item	
<input type="checkbox"/> Delay	<input type="checkbox"/> Non-completed advice of delivery	<input type="checkbox"/> Amount of reimbursement	
<input type="checkbox"/> Other (please specify) _____			
Person making the inquiry			
Full name/Address/Postcode/City/Country _____			
Reply procedure			
Please let us know how you prefer to receive our answer:			
<input type="checkbox"/> Fax No. ____	<input type="checkbox"/> Phone No. _____	<input type="checkbox"/> E-mail _____	
<input type="checkbox"/> Post _____	<input type="checkbox"/> Other _____		
In the case of items for which reimbursement may be due please indicate the preference of the sender/addressee/other person			
Sender/Addressee/Other person (Full name/Address/Postcode/City/Country) _____			
<input type="checkbox"/> Giro	<input type="checkbox"/> Money order	<input type="checkbox"/> Cash	<input type="checkbox"/> Giro account No. _____
Sender			
Full name/Address/Postcode/City/Country _____			
Addressee			
Full name/Address/Postcode/City/Country _____			
Description of contents			
(Section to be detached and given to customer)			
Designated operator			
For details, please contact our International Claims/Inquiries Office:			
Tel: _____ Fax: _____ E-mail: _____			
Opening days _____ Opening hours _____			
This receipt acknowledges the lodging of your request for information about the following item			
Receipt for inquiry No. _____			
Inquiry made in the post office of _____		on (date) _____	
Item posted at the post office of (place) _____		on (date) _____	
Kind of item _____		Item No. _____	
Destination country _____			
Signature of post office official receiving the inquiry		Date stamp	
_____		_____	

To be kept by the customer

Priority

By air

By surface

Dispatching designated operator

Dispatching office of exchange

Month

Designated operator of destination

Office of exchange of destination

Year

Summary of IBRS items from CN 31 letter bills

Date of dispatch	Mail No.	Number of receptacles	Weight	Number of bundles	Weight	Total weight	Total number of items
1	2	3	4	5	6	7	8
			kg		kg	kg	
Total to be entered on CN 10 statement							

Office of destination
Place and signature

RECAPITULATIVE STATEMENT OF IBRS CN 10
ITEMS

Date

☐ By air

☐ By surface

Dispatching designated operator	<div><input type="checkbox"/> Priority</div> <div>Year</div>
Designated operator of destination	<div><div><div><input type="checkbox"/> First quarter</div><div><input type="checkbox"/> Third quarter</div></div><div><input type="checkbox"/> Second quarter</div><div><input type="checkbox"/> Fourth quarter</div></div>

Summary of CN 09 statements

Office of origin	Office of destination	Total weight	Total number of items	Observations
1	2	3	4	5
		kg		
Total to be entered on CN 19 account				

Designated operator of origin
Place and signature

Seen and accepted by the designated operator of destination
Place, date and signature

Coupon to be handed to the sender

Part A

To be filled in by the designated operator of destination

DETAILS OF CHARGES DUE

(in the currency of the country of destination of the item)

Charge for delivery free of charges¹

Amount (in figures, in the currency of the country of destination of the item)

Stamp of the office advancing the charges

Customs duty

Presentation-to-Customs charge

Other charges

Total

Total

Office which has made the advance

No. of register

Date

Signature

designated operator of origin (on return)

To be filled in by the (after conversion)

Amount (in figures after conversion)

Stamp of the office which has recovered the charges

Stamp of the office which has recovered the charges

In-register No.

FRANKING NOTE

Part B

CN 11

Designated operator Weight

To be filled in by the dispatching designated operator

Nature of the item

No.

Insured value

Office of posting

Sender (name and full address)

Addressee (name and full address)

The item is to be delivered free of charges and fees, which I undertake to pay

Stamp of the office of origin

Signature of sender

Size 148 x 210 mm (148 x 105 mm when parts A and B are folded one upon the other), colour yellow

Part A (Back)

Part B (Front)

CN 11			
Part B <i>To be filled in by the designated operator of destination</i>			
DETAILS OF CHARGES DUE (in the currency of the country of destination of the item) Charge for delivery free of charges ¹ Customs duty Presentation-to-Customs charge Other charges	TOTAL OF CHARGES ADVANCED <hr/> <div style="display: flex; justify-content: space-between;"> Amount (in figures, in the currency of the country of destination of the item) Stamp of the office advancing the charges </div> <hr/> <div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> <div style="width: 100px; height: 40px; background-color: #cccccc; margin-left: 10px;"></div> <div style="width: 100px; height: 40px; background-color: #cccccc; margin-left: 10px;"></div> </div> <hr/> <div style="text-align: center; padding-top: 5px;">Office which has made the advance</div> <hr/> <div style="display: flex; justify-content: space-around; font-size: small;"> No. of register Date Signature </div> <hr/> <p style="margin-top: 10px;">Total</p> <hr/>		
<div style="float: right; width: 100px; text-align: left;"> Part B (Back) </div>			
<div style="float: right; width: 100px; text-align: left;"> Upper edge of the form when parts A and B are folded one upon the other </div>			
<div style="display: flex; justify-content: space-between;"> Receipt FRANKING NOTE CN 11 </div>			
<div style="text-align: center;"> Part A Designated operator <i>To be filled in by the dispatching designated operator</i> </div>			
<div style="display: flex; justify-content: space-between; font-size: x-small;"> Nature of the item No. Weight Insured value Nature of the item No. Weight Insured value </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Office of posting Addressee (name and full address) </div> <div style="width: 45%;"> Office of posting Sender (name and full address) </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Addressee (name and full address) </div> <div style="width: 45%; text-align: right;"> Part A (front) </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> The sender has paid the charges and fees indicated on the back Stamp of the office of origin </div> <div style="width: 45%;"> The item is to be delivered free of charges and fees, which I undertake to pay Signature of sender </div> </div> <hr/> <div style="display: flex; justify-content: space-between; padding-top: 20px;"> <div style="width: 45%;"> To be returned to the office of _____ _____ _____ </div> <div style="width: 45%;"></div> </div>			

Debtor designated operator	Month
	Year

Notes

To be filled in by typewriter or computer printer

Serial No.	Date of the advance	No. of the franking note	Office which made the advance	Amount of each franking note (in national currency)		Observations
1	2	3	4	5		6
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Total						

Creditor designated operator

Signature

Designated operator of

Office preparing the report

REPORT

Information about a seized postal item

CN 13

Date

Reference

To the designated operator of

Notes

One form is sufficient for several items posted at the same time by the same sender to the same addressee

Description of seized item	Nature of item	
	<input type="checkbox"/> Priority <input type="checkbox"/> Non-priority <input type="checkbox"/> Parcel <input type="checkbox"/> Ordinary <input checked="" type="checkbox"/> Registered	
	<input type="checkbox"/> Letter <input type="checkbox"/> Printed paper <input type="checkbox"/> Small packet <input type="checkbox"/> Insured	
	No. of item	Weight of item
Posting of item	Information concerning forwarding	
	<input type="checkbox"/> Airmail <input type="checkbox"/> S.A.L. <input type="checkbox"/> Surface	
	Office of origin	Date of posting
	Dispatching office of exchange	Date
	Destination office of exchange	Mail No.
Sender	Name and full address	
Addressee	Name and full address	

Information about the seizure	Reason for seizure	
	<input type="checkbox"/> Dangerous goods <input type="checkbox"/> Violates import regulations	
	<input type="checkbox"/> Narcotics <input type="checkbox"/> Violates public/moral/religious precepts	
	<input type="checkbox"/> Counterfeit or pirated articles	
	Applicable regulation	Article
	<input type="checkbox"/> UPU Convention	
	<input type="checkbox"/> National legislation (specify)	
	Consequently, we have seized	
	<input type="checkbox"/> the entire contents of the item	
	<input type="checkbox"/> the part of the item specified below which violates current regulations:	

In witness whereof we have prepared this report in duplicate in order that effect may be given to it in accordance with the Convention	Customs official	Head of office at which seizure took place
	Place and signature	Place and signature
	_____	_____

Reserved for the office of origin of the item	Comments, if any	
	Signature of the sender or of his attorney (if applicable) Date and signature	Office of origin of the item

Designated operator of origin

On postal service

CN 14

Date stamp

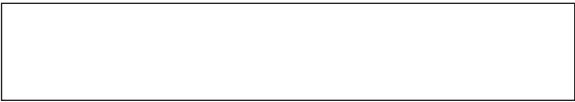
COLLECTIVE ENVELOPE
Redirection of letter-post items

Notes
This envelope may be opened by the office of delivery
It must not contain any item to be submitted to customs control or which is likely to cause tears
If there are charges to be collected, mark with a "T" stamp in the middle of the upper part of the collective envelope
If the items are for sailors or passengers aboard the same ship or persons travelling as a party, the collective envelope shall bear the name of the ship or the agency to which the items are to be delivered

Full address of addressee

Name of addressee
Care of (where appropriate)
Street and No.
Locality or office of destination
Country of destination

To be presented open at the redirecting post office



RETURN	CN 15
<input type="checkbox"/> Unknown	<input type="checkbox"/> Refused
<input type="checkbox"/> Moved	<input type="checkbox"/> Unclaimed
<input type="checkbox"/> Insufficient/ Non-existent address	<input type="checkbox"/> Refused by Customs
<input type="checkbox"/>	
Return date:	

Maximum size 52 x 52 mm, colour pink

Operators	Origin						Special list No.
	Destination						
Origin OE and IMPC code		Destination OE and IMPC code	Category	Sub-class	Year	Dispatch No.	Date
Total number of insured items							

Serial No.	Item-ID	Origin	Destination	Insured value	Observations
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

Dispatching office of exchange
Signature

Office of exchange of destination
Signature

Date

Notes

To be sent by registered post		<input type="checkbox"/> the post	For with- drawal from	<input type="checkbox"/> of address	For alteration or correction	For cancellation or alteration of the COD amount
Office of origin		Office of destination				
Our fax No.		Fax No.				
Description of item	Nature of item		No. of item		Date of dispatch	
	Office of origin		<input type="checkbox"/> Facsimile attached			
	Description (form, colour of the item, etc.)					
	Sender (name and full address)					
	Addressee (name and full address)					
Original COD amount in figures (where applicable)						
Withdrawal from the post	Please return the item <input type="checkbox"/> priority/air <input type="checkbox"/> S.A.L. <input type="checkbox"/> non-priority/surface					
Alteration or correction of address	Please redirect the item <input type="checkbox"/> priority/air <input type="checkbox"/> S.A.L. <input type="checkbox"/> non-priority/surface					
	New address or requested alteration					
<input type="checkbox"/> Cancellation/ Alteration of the COD amount	<input type="checkbox"/> Please cancel the COD amount Please alter the COD amount					
	New COD amount (in words and figures)					

Signature

Particulars to be supplied by the office of exchange

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.	Non-priority/surface <input type="checkbox"/>
		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) Special list (CN 33)	
		Serial No.		<input type="checkbox"/> Special list (CN 16) <input type="checkbox"/>	
		<input type="checkbox"/> Bulk advice		Date and signature	

Reply of the office of destination

CN 17 (back)

<input type="checkbox"/> The item in question has already been delivered to the addressee	<input type="checkbox"/> The request was not explicit enough; please send additional details
<input type="checkbox"/> The item in question has been seized under the country's internal legislation	<input type="checkbox"/> The search was unsuccessful
Additional information	

Place, date and signature

To be returned, duly completed, to the office of origin

DECLARATION
concerning non-receipt
(or receipt) of a postal item

Nature of item	<input type="checkbox"/> Priority	<input type="checkbox"/> Non-priority	<input type="checkbox"/> Parcel	<input type="checkbox"/> Insured	<input type="checkbox"/> Registered
	<input type="checkbox"/> Letter	<input type="checkbox"/> Printed paper	<input type="checkbox"/> Small packet	<input type="checkbox"/>	<input type="checkbox"/>
Special particulars	Insured value				
	<input type="checkbox"/> Airmail S.A.L. <input type="checkbox"/> Tracked <input type="checkbox"/> Advice of receipt <input type="checkbox"/>				
	COD <input type="checkbox"/> COD amount and currency				
	Other information No. of item				
	Date of posting Weight of item				
Posting	<input type="checkbox"/> Office of posting				
Name and full address					
Sender					
Name and full address					
Addressee					
Precise description of contents					
Contents					
This item was delivered	<input type="checkbox"/> Date				
	<input type="checkbox"/> to me on				
	<input type="checkbox"/>				
	<input type="checkbox"/> I have not received this item by post or by any other means				
	Place and date				
Declaration					
	Signature				

Debtor designated operator

1 IBRS items dispatched/received
(Data from CN 10 forms – give weights in kg only)

	Quarter	Weight priority			Number of items		
		By air	By surface	Total	By air	By surface	Total
Mail dispatched		kg	kg	kg			
	1st						
	2nd						
	3rd						
	4th						
Total for year ¹							
Mail received		kg	kg	kg			
	1st						
	2nd						
	3rd						
	4th						
Total for year ¹							

¹ Weight to be entered on CN 61 account for payment of terminal dues

2 IBRS charges

Items dispatched x rate Totals (SDR) Total amount (SDR)	Weight	Number of items
	kg	
	SDR	SDR
	A	B
	C = A + B	
Items received x rate Totals (SDR) Total amount (SDR)	Weight	Number of items
	kg	
	SDR	SDR
	D	E
	F = D + E	
To be received (SDR)		G = C – F

Creditor designated operator
Signature

Seen and accepted by debtor designated operator
Place, date and signature

Notes

Statement showing the balance of the CN 19 account

	Year for which sums are due
Final sums due	

[illegible]

Designated operator preparing the statement
Signature

ADVICE
Redirection of a CN 08 form

CN 21

Office or service sending the advice. Fax No.	Date	Our reference
	Your date	Your reference
	Designated operator of origin of the inquiry	


Item concerned

Item under inquiry	<input type="checkbox"/> Priority <input type="checkbox"/> Non-priority <input type="checkbox"/> Parcel	No. of item	
	<input type="checkbox"/> Letter <input type="checkbox"/> Printed paper <input type="checkbox"/> Small packet		Weight
	Amount of insured value	COD amount and currency	
Special indications	<input type="checkbox"/> By airmail <input type="checkbox"/> S.A.L. <input type="checkbox"/> Tracked <input type="checkbox"/> Advice of receipt <input type="checkbox"/> COD		
Posted	Date	Office	<input type="checkbox"/> Receipt seen
	Charges paid (national currency) Other fees (national currency)		
Sender	Name and full address. Telephone No.		
Addressee	Name and full address. Telephone No.		
CN 08 form redirected today to	Name of office. Fax No.		

Information on the redirection of the item concerned

Notes	The office of exchange of destination received the item without comment If the inquiry is not answered in a reasonable time, a duplicate should be sent to the service to which we redirected the inquiry, giving the information below. The matter may be regarded as closed as far as our service is concerned		
To be supplied for parcels and registered and insured items only	Mail	<input type="checkbox"/> Priority/Air No.	<input type="checkbox"/> S.A.L. Date <input type="checkbox"/> Non-priority/Surface <input type="checkbox"/>
		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"/> Special list (CN 16) <input type="checkbox"/> Parcel bill (CP 87)
		<input type="checkbox"/> Bulk advice	
		Other information	

Signature

 UL 009 000 014 CA				
CUSTOMS DECLARATION		May be opened officially		
CN 22		Important! See instructions on the back		
Designated operator				
Gift	Commercial sample			
Documents	Returned goods			
Sale of goods	Other (please specify):			
Quantity and detailed description of contents (1)	Net weight (2)	Value and currency (3)	HS tariff number* (4)	Country of origin* (5)
Total weight (in kg) (6)		Total value (7)		
I, the undersigned, whose name and address are given on the item, certify that the particulars given in this declaration are correct and that this item does not contain any dangerous article or articles prohibited by legislation or by postal or customs regulations Date and sender's signature (8)				

Instructions

To accelerate customs clearance, you must complete all applicable fields, and fill in this form in English, French or in a language accepted by the destination country. If the value of the contents is more than 300 SDR, you must use a CN 23 form. You must give the sender's full name and address on the front of the item.

For commercial items, it is recommended that you complete the fields marked with an asterisk (*), and attach an invoice to the outside, as it will assist Customs in processing the items.

Select a reason for export. ("Gift" is not an acceptable reason for export for commercial items.)

(1) Give a detailed description (generic descriptions such as "clothes" are not acceptable), quantity and unit of measure for each article, e.g. two men's cotton shirts.

(2), (3) Give the weight and value with currency for each article, e.g. CHF for Swiss francs.

(4*) The HS tariff number (6 digits) is based on the Harmonized Commodity Description and Coding System developed by the World Customs Organization.

(5*) Country of origin means the country where the goods originated, e.g. were produced, manufactured or assembled.

(6), (7) Give the total value and weight of the item.

(8) Your signature and the date confirm your liability for the item.

<div style="display: flex; justify-content: space-between;"> (Designated operator) CUSTOMS CN 23 </div>																																	
From	Name _____ Business _____ Street _____ Tel. No. _____ Postcode _____ City _____ Country _____	Sender's customs reference (if any) _____ No. of item (barcode, if any) _____	May be opened officially Important! See instructions on the back																														
To	Name _____ Business _____ Street _____ Tel. No. _____ Postcode _____ City _____ Country _____	Importer/addressee reference (if any) (tax code/VAT No./importer code) (optional) _____ Importer/addressee fax/e-mail (if known) _____																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 35%;">Detailed description of contents (1)</th> <th style="width: 10%;">Quantity (2)</th> <th style="width: 10%;">Net weight (in kg) (3)</th> <th style="width: 15%;">For commercial items only Value (5) HS tariff number (7)</th> <th style="width: 30%;">Country of origin of goods (8)</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3" style="text-align: right;">Total gross weight (4)</td> <td>Total value (6)</td> <td>Postal charges/Fees (9)</td> </tr> </table>				Detailed description of contents (1)	Quantity (2)	Net weight (in kg) (3)	For commercial items only Value (5) HS tariff number (7)	Country of origin of goods (8)																					Total gross weight (4)			Total value (6)	Postal charges/Fees (9)
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Gift _____	Returned goods _____	Explanation: _____																															
Documents _____	Sale of goods _____																																
Comments (11): (e.g.: goods subject to quarantine, sanitary/phytosanitary inspection or other restrictions) _____																																	
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I have received the parcel described on this note	Date and addressee's signature _____																																

Size 210 x 148 mm

Instructions

You should attach this customs declaration and accompanying documents securely to the outside of the item, preferably in an adhesive transparent envelope. If the declaration is not clearly visible on the outside, or if you prefer to enclose it inside the item, you must fix a label to the outside indicating the presence of a customs declaration.

To accelerate customs clearance, complete this declaration in English, French or in a language accepted in the destination country. If available, add importer/ addressee telephone number and e-mail address, and sender telephone number.

To clear your item, the Customs in the country of destination need to know exactly what the contents are. You must therefore complete your declaration fully and legibly; otherwise, delay and inconvenience may result for the addressee. A false or misleading declaration may lead to a fine or to seizure of the item.

Your goods may be subject to restrictions. It is your responsibility to enquire into import and export regulations (prohibitions, restrictions such as quarantine, pharmaceutical restrictions, etc.) and to find out what documents, if any (commercial invoice, certificate of origin, health certificate, licence, authorization for goods subject to quarantine (plant, animal, food products, etc.) are required in the destination country.

Commercial item means any goods exported/imported in the course of a business transaction, whether or not they are sold for money or exchanged.

- (1) Give a detailed description of each article in the item, e.g. "men's cotton shirts". General descriptions, e.g. "spare parts", "samples" or "food products" are not permitted.
- (2) Give the quantity of each article and the unit of measurement used.
- (3) and (4) Give the net weight of each article (in kg). Give the total weight of the item (in kg), including packaging, which corresponds to the weight used to calculate the postage.

(5) and (6) Give the value of each article and the total, indicating the currency used (e.g. CHF for Swiss francs).

(7) and (8) The HS tariff number (6-digit) must be based on the Harmonized Commodity Description and Coding System developed by the World Customs Organization.

"Country of origin" means the country where the goods originated, e.g. were produced/manufactured or assembled. Senders of commercial items are advised to supply this information as it will assist Customs in processing the items.

(9) Give the amount of postage paid to the Post for the item. Specify separately any other charges, e.g. insurance.

(10) Tick the box or boxes specifying the category of item.

(11) Provide details if the contents are subject to quarantine (plant, animal, food products, etc.) or other restrictions.

(12) , (13) and (14) If your item is accompanied by a licence or a certificate, tick the appropriate box and state the number. You should attach an invoice for all commercial items.

(15) Your signature and the date confirm your liability for the item.

		Letter-post item	Damage		Postal parcel
Reason for report	Loss	_____		Theft	_____
		_____	<input type="checkbox"/>		<input type="checkbox"/>
	Irregularities	_____			<input type="checkbox"/>
	Name and full address	_____			
Sender	_____				
	Name and full address				
Addressee	_____				

Posting of item	Office of posting	Insured value	Date		Serial number
	Other particulars	COD amount and currency		Weight shown	Weight observed
Special particulars	From the invoice				

	Detailed description	From the customs declaration		According to the addressee or the sender	
Contents	_____				
	The contents have been examined in the presence of the addressee				
	the sender				
	Contents established on examination				

	Contents damaged				

	Contents missing				

	External packing				
Packing	_____				
	The item is sealed by				
	wax seals	security tapes			
	Number of seals	Private mark on seals			

The item is unsealed	_____				
	The packing should be regarded as regulation				
	Yes	No			

Damage/Theft	Description		
The loss is due to			
Estimate of loss	Amount and currency		
		According to the addressee	According to the sender
	Date of dispatch	Dispatching office	No.
Mail in which the item was sent	Date of arrival		Office of destination
	The item was contained in an		
	inner receptacle <input type="checkbox"/> outer receptacle <input type="checkbox"/>		
	The fastening (lead seal) of the receptacle was intact <input type="checkbox"/> not intact <input type="checkbox"/>		
Method of conveyance	By airmail <input type="checkbox"/> By train <input type="checkbox"/> By ship <input type="checkbox"/>		
	Flight No./Train No./Name of ship		
Subsequent treatment of the item	In a receptacle Loose		
	After repacking and weighing, the item has been forwarded to its destination		New weight
	The contents have been destroyed by the undersigned office		The packing is held here
	The addressee refuses the item		The sender refuses the item
Signature of addressee or sender	The addressee has accepted the item		<input type="checkbox"/> The sender has accepted the item
	Amount of indemnity claimed		
Attestation	In witness whereof, we have drawn up this report, a duplicate of which has been sent (with a CP 78 verification note in the case of a postal parcel) to the authority shown below		
	Authority to which the report should be sent		

Office preparing the report
Signature of the postal officials

Signature of the customs officer (as applicable)

Size 105 x 74 mm or 148 x 105 mm, colour white

Size 105 x 74 mm or 148 x 105 mm, colour light blue

Size 105 x 74 mm or 148 x 105 mm, colour pink

Note. – To take account of the needs of their service, designated operators may alter slightly the text, size or colour of these forms without, however, deviating too far from the instructions contained in the model.

Priority – LC

CN 26

Dispatching designated operator

Dispatching office

Dispatching official

Office of destination

In case of irregularity, this label must be attached to the verification note

Size 105 x 74 mm or 148 x 105 mm, colour white

Non-priority – AO

CN 26

Dispatching designated operator

Dispatching office

Dispatching official

Office of destination

In case of irregularity, this label must be attached to the verification note

Size 105 x 74 mm or 148 x 105 mm, colour light blue

Priority – LC ☐

R

AO

Non-priority – ☐

Number of registered items

CN 26

Dispatching designated operator

Dispatching office

Dispatching official

Office of destination

In case of irregularity, this label must be attached to the verification note

Size 105 x 74 mm or 148 x 105 mm, colour pink

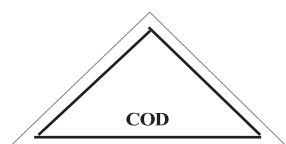
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TABLE
Routes and methods
of transmission of insured items

Notes
Countries for which the above-mentioned designated operator accepts insured items in transit on the conditions given below

Serial No.	Country of destination	Routes	Intermediate countries and sea services to be used	Limit of insured value	Observations
1	2	3	4	5	6

CN 29



Size 37 x 18 mm (base x height), colour orange

CN 29bis

COD

Currency unit/amount

--	--	--	--	--	--	--	--	--	--

to be credited to account No. of

(bank)

Giro centre/Bank branch

Size 105 x 75 mm, triangle orange


☐ CN 44 trial note attached

Operators	Origin						Previous number
	Destination						
Origin OE and IMPC code		Destination OE and IMPC code	Category	Sub-class	Year	Dispatch No.	Date
Transportation							

1 Number of receptacles

Receptacle labels	Red labels	White/ blue labels	Receptacle types	Bags	Trays	Others	Total
Priority/Non-priority – LC/AO			Receptacles in mail				
M bags			Receptacles to be returned				
Empty receptacles	Green labels		Empty receptacles being returned				

2 Transit charges and terminal dues

Mail subject to terminal dues, totals by format			Totals for other types of mail		
Format	Number	Weight	Type of mail	Number	Weight
P or S			M bags up to 5 kg		
G			M bags more than 5 kg		
E			Mails of empty receptacles		
Mixed mail			Mail exempt from terminal dues		
Total dispatch weight					

3 Identified items

	Number of receptacles containing	Number of inner packets containing	Number of special lists	Number of items subject to additional terminal dues	Number of items exempt from additional terminal dues	Total number of items
Registered items						
Insured items						
Tracked items						

4 IBRS and miscellaneous information

Presence of COD	IBRS	IBRS bags	IBRS bundles	Total IBRS items
unregistered items registered items	Number			
Number of CN 65 bills	Weight			

5 Closed transit receptacles included

Total number of receptacles	Total weight	List of pairs "origin office code – destination office code"

 Dispatching office of exchange
Signature

 Office of exchange of destination
Signature



☐ CN 44 trial note attached

Operators	Origin						Previous number
	Destination						
Origin OE and IMPC code		Destination OE and IMPC code	Category	Sub-class	Year	Dispatch No.	Date
Transportation							

1 Receptacle labels and types

Receptacle labels			Receptacle types	Bags	Trays	Others	Total
Number of labels	Red	Violet	Receptacles in mail				
Total weight			Receptacles to be returned				
			Empty receptacles being returned				

2 Number of items and weight per format

Format	Number of receptacles	Weight	Number of items
P or S			
G			
E			
Mixed mail			

3 Identified items

	Number of receptacles containing	Number of inner packets containing	Number of special lists	Number of items subject to additional terminal dues	Number of items exempt from additional terminal dues	Total number of items
Registered items						
Insured items						
Tracked items						

4 Miscellaneous information

Number of CN 65 bills	Presence of COD:	unregistered items <input type="checkbox"/>	registered items <input type="checkbox"/>
-----------------------	------------------	---	---

Dispatching office of exchange
Signature

Office of exchange of destination
Signature

Operators	Origin						Special list No.
	Destination						
Origin OE and IMPC code		Destination OE and IMPC code	Category	Sub-class	Year	Dispatch No.	Date
Total number of registered items			<input type="checkbox"/> Bulk entry only				

Serial No.	Item-ID	Origin	Observations	Serial No.	Item-ID	Origin	Observations
1				23			
2				24			
3				25			
4				26			
5				27			
6				28			
7				29			
8				30			
9				31			
10				32			
11				33			
12				34			
13				35			
14				36			
15				37			
16				38			
17				39			
18				40			
19				41			
20				42			
21				43			
22				44			

Dispatching office of exchange
Signature

Office of exchange of destination
Signature

○

Posts

Surfac

CN 34

Format

From

To

Disp. type

Disp. No.

Date

Rec. type

Rec. No.


Seal

Rec. subcl.

No. of items

Gross kg

Receptacle ID




Date Transport

Unload

Size 130 x 90 mm


249



Posts			Airma		CN 35	
	From		Format			
			To			
	Disp. type	Disp. No.				
	Date					
	Rec. type	Rec. No.	Receptacle ID			
	Seal					
Rec. subcl.	No. of items					
Gross kg						
		Date Transport		Unload		

Size 130 x 90 mm

Posts

From		S.A.L. surface		CN 36	
				Format	
		To			
Disp. type	Disp. No.				
Date					
Rec. type	Rec. No.	Receptacle ID			
Seal					
Rec. subcl.	No. of items				
Gross kg					
		Date Transport		Unload	

Size 130 x 90 mm

Date _____

Serial No

Office of destination of the bill

By train

By train
By ship

By motor vehicle

Date of departure

Date of departure	Time
-------------------	------

Priority

☐ Non-priority

Train No./Vehicle No.

Route

Seal No.

Name of ship

Port of disembarkation

Company

No. of container

No. of seal

If a container is used

Entry

Mail No.	Office of origin	Office of destination	Number of			Gross weight of receptacles, etc.			Observations
			letter-post receptacles ¹	CP receptacles and loose parcels ¹	sacks of empty bags ²	Letter post	CP	Empty receptacles	
1	2	3	4	5	6	7	8	9	10
						kg ³	kg ³	kg ³	
Totals									

Dispatching office of exchange
Signature

The official of the carrier
Date and signature

Office of exchange of destination
Date and signature

Designated operator of origin Office of origin

of the bill Office of destination of the bill

Entry

Flight No.			Priority Date of departure			By airmail Time			
Airport of direct transshipment			Airport of offloading						
If a container is used									
No. of container		No. of seal		No. of container		No. of seal			
No. of container		No. of seal		No. of container		No. of seal			
Mail No.	Office of origin	Office of destination	Number of letter- post recepta- cles CP recepta- cles and loose parcels EMS recep- tacles			Gross weight of receptacles, etc. Letter post CP EMS			Observations (including the number of M bags and/or loose parcels)
1	2	3	4	5	6	7	8	9	10
						kg ¹	kg ¹	kg ¹	
Totals									

Dispatching office of exchange
Signature

The official of the carrier or airport
Date and signature

Office of exchange of destination
Date and signature

Surface airlifted (S.A.L.) mails

Office of origin of the bill

Date _____

Serial No.

Office of destination of the bill

Flight No.		· Date of departure		· Time	
Airport of direct transshipment		· Airport of offloading			
If a container is used					
No. of container		· No. of seal		· No. of container	
No. of container		· No. of seal		· No. of seal	

Entry

Mail No.	Office of origin	Office of destination	Number of		Gross weight of receptacles		Observations (including the number of M bags and/or loose parcels)
			letter-post receptacles	CP receptacles and loose parcels	Letter post	CP	
1	2	3	4	5	6	7	8
					kg ¹	kg ¹	
Totals							

Dispatching office of exchange
Signature

The official of the carrier or airport
Signature

Office of exchange of destination
Date and signature

CN 42

Transbordement direct
Direct Transfer

Size 148 x 90 mm, colour orange

Date

	VN originator		VN destination	
Operators				
Office code and name				
Anomalies concern	<input type="checkbox"/> a dispatch	Dispatch/consignment identifier		Document date
	<input type="checkbox"/> a consignment			
	<input type="checkbox"/> other			
Dispatching office of exchange			Office of exchange of destination	

VN summary codes

<input type="checkbox"/> 10 – Missing document(s)	<input type="checkbox"/> 25 – Wrong receptacle type	<input type="checkbox"/> 37 – Receptacle or item received unlabelled
<input type="checkbox"/> 11 – Declared wrong mail class or mail category	<input type="checkbox"/> 30 – Weight difference	<input type="checkbox"/> 40 – Missing item (barcoded items)
<input type="checkbox"/> 12 – Missing dispatch	<input type="checkbox"/> 31 – Received receptacle/item mislabelled to this location	<input type="checkbox"/> 41 – Item in excess (barcoded items)
<input type="checkbox"/> 20 – Wrong content format	<input type="checkbox"/> 32 – Seized by Customs	<input type="checkbox"/> 42 – Missing item – evidence of theft
<input type="checkbox"/> 21 – Missing receptacle	<input type="checkbox"/> 33 – Refused by Customs	<input type="checkbox"/> 43 – Missent item
<input type="checkbox"/> 22 – Receptacle received in excess	<input type="checkbox"/> 34 – Dangerous contents – not to be flown (will be destroyed)	<input type="checkbox"/> 99 – Other
<input type="checkbox"/> 23 – Misrouted receptacle	<input type="checkbox"/> 35 – Damaged item/receptacle	
<input type="checkbox"/> 24 – Mislabelled receptacle by destination	<input type="checkbox"/> 36 – Received with unreadable receptacle/ item barcode	

1. Irregularities concerning documents

<input type="checkbox"/> Missing documents (please accept the substitute forms attached)				
<input type="checkbox"/> Delivery bill CN _____		Registered	Insured	Tracked
<input type="checkbox"/> Letter bill CN _____				
<input type="checkbox"/> Special list(s): CN ____	Number of identified items received			
<input type="checkbox"/> A découvert/missent items: CN 65				
<input type="checkbox"/> Delivery bill: corrections of total weights		Letter post	Empty receptacles	Total
<input type="checkbox"/> According to the weights given on the labels (amended as necessary)				
<input type="checkbox"/> Resulting from an error in calculations				
<input type="checkbox"/> Letter bill: irregularities	Entered	Received	Observations	
Number of receptacles <input type="checkbox"/>				
Weight of receptacles <input type="checkbox"/>				
Total registered items <input type="checkbox"/>				
CN 33 special lists <input type="checkbox"/>				
Total insured items <input type="checkbox"/>				
CN 16 special lists <input type="checkbox"/>				
Total Tracked items <input type="checkbox"/>				
Receptacles being returned <input type="checkbox"/>				

2. Irregularities concerning receptacles

CN 43 (back)

Receptacle ID or serial number	Description

3. Irregularities concerning mail subject to terminal dues and IBRS

Type of mail		Entered (a)		Received (b)		Difference (b – a)		Observations
		Number	Weight	Number	Weight	Number	Weight	
LC/AO receptacles	Format P or P/G							
	Format G							
	Format E							
	Mixed							
M bags	Up to 5 kg							
	Over 5 kg							
Bulk mail	Total receptacles							
	Total items							
IBRS	Total items							

4. Item irregularities

Item-ID	Weight	Type of irregularity*	Observations	Item-ID	Weight	Type of irregularity*	Observations

* Allowed values: 1 – missing; 2 – excess; 3 – damaged; 4 – retained; 9 – others.

5. Other irregularities

This form must be returned to

☐ Accepted

☐ Rejected

☐ Further information required

☐ For information only

Origin – Signature

Destination – Signature

Date

Determination of the most favourable route
for a letter-post or parcel mail for
items sent à découvert

Designated operator of destination	To be returned to
------------------------------------	-------------------

Notes
To be returned duly completed by the quickest route (air or surface)

To be filled in by the dispatching office

Mail	<input type="checkbox"/> Letter post – Priority/Air	<input type="checkbox"/> Letter post – S.A.L.	<input type="checkbox"/> Letter post – Non-priority/Surface
	<input type="checkbox"/> Air parcels	<input type="checkbox"/> S.A.L. parcels	<input type="checkbox"/> Surface parcels
	No. Dispatching office		
	Date of dispatch Office of destination		
Method of conveyance	<input type="checkbox"/> By air		Flight No.
	<input type="checkbox"/> By train		No.
	<input type="checkbox"/> By ship		Name of ship
	<input type="checkbox"/> By		

Signature

To be filled in by the office of destination

Arrival	Office which received the mail		
	Date of arrival	Time	
Method of arrival	<input type="checkbox"/> By air	Flight No.	
	<input type="checkbox"/> By train	No.	
	<input type="checkbox"/> By ship	Name of ship	
	<input type="checkbox"/> By		
Other information			

Signature

**TRANSMISSION ENVELOPE
FOR CN 38, CN 41 AND CN 47 BILLS**

CN 45

Date stamp

Airport of offloading

Airline

Flight No.

Date of departure

Time

Size 229 x 162 mm, colour light blue

Date _____

	CN 37
	CN 38
	CN 41
	CN 47

Observations concerning mails as found		Designated operator of origin of mails	
If a container is used			
No. of container	No. of seal	No. of container	No. of seal
No. of container	No. of seal	No. of container	No. of seal

Kg to one decimal

Mail No.	Office of origin	Office of destination	No. of transport route	Point		Date of dispatch	Number of receptacles			Gross weight
				of trans-shipment	of off-loading		Letter post	CP	EMS/ Other items	
										kg ¹
Totals										

Carrier at the transit point of loading
Signature

Carrier at the point of offloading
Signature

Designated operator taking delivery of
mails
Date and signature

Guidelines for the use of the CN 46 substitute delivery bill

The following guidelines are to be observed by the designated operators and carriers in cases where a consignment for direct transshipment between carriers arrives at the point of transshipment without the original CN 37, CN 38, CN 41 or CN 47 delivery bill or electronic equivalent:

- 1 When a consignment is received at a point of transshipment without an accompanying CN 37, CN 38, CN 41 or CN 47 delivery bill or electronic equivalent, the carrier receiving the consignment shall prepare, on the basis of the CN 34, CN 35, or CN 36 label(s) (for letter post), or CP 83, CP 84 or CP 85 label(s) (for parcels), a CN 46 substitute delivery bill or electronic equivalent conforming to the specimen originally developed jointly by the UPU and IATA.
- 2 In cases where a paper form is used, the number of copies to be prepared will vary with the circumstances of each case. If the form is not sent electronically, the following copies will be required:
 - one copy for the designated operator of origin;
 - one copy for the designated operator of destination or, if the consignment is handed over to an intermediate designated operator, for the intermediate designated operator
 - if the consignment is directly transhipped to another carrier or carriers, one copy for each additional carrier involved.
- 3 It will be the responsibility of the designated operator receiving the mail with a substitute document to provide the necessary copy to the designated operator of origin as an annex to a CN 43 (for letter post) or CP 78 (for parcels) verification note documenting the arrival of the mail without the original bills.
- 4 It will be the responsibility of the carriers to print the substitute documents in the format of the specimen agreed upon. The original and copies shall be white in colour.
- 5 The designated postal operator shall accept the substitute delivery bill, properly endorsed by the receiving office of exchange, for the settlement of accounts with the carriers.

Designated operator to which receptacles belong

Serial No.

CN 47

By surface

<input type="checkbox"/>	Priority
<input type="checkbox"/>	Non-priority

				Date of departure	Time
Type of receptacles returned	Flight No.		Airport of direct transhipment		Airport of offloading
Priority/By air	Train No.		Route		
Non-priority/Surface	Name of ship		Port of disembarkation	Company	
Parcels	If a container is used				
EMS	No. of container	No. of seal	No. of container	No. of seal	
	No. of container	No. of seal	No. of container	No. of seal	

Entry

Mail No.	Office of origin	Office of destination	Number of sacks of empty bags and other empty receptacles returned	Gross weight	Observations
1	2	3	4	5	6
				kg ¹	
Totals					

Dispatching office of exchange

Signature

The official of the carrier or airport

Signature

Office of exchange of destination

Date and signature

Debtor designated operator	Month	<input type="checkbox"/> Letter post	<input type="checkbox"/> Postal parcels
	Year		

Method of settlement ☐ Direct ☐ Via UPU*Clearing

Notes¹
To be filled in by typewriter or computer printer

Serial No.	Date of posting, item No. and office of origin	Destination	Letters authorizing recoveries (No. of statement, name of office, date, reference No. of debtor designated operator)	Amount in SDR	
1	2	3	4	5	
1					
2					
3					
4					
5					
6					
7					
8					
9					
Total					

¹ Any observations may be made on the available part of the front or on the back of the form
Creditor designated operator
Signature

Seen and accepted by the debtor designated operator
Place, date and signature

Debtor designated operator	Month	Airmail Quarter	Surface Year
	Closed transit		Missent items
	Transit à découvert items		IAC

Method of settlement ☐ Direct ☐ Via UPU*Clearing

Route Country of destination or groups of countries	Categories of items	Weight carried during the month						Total weight		Transit/ conveyance charge per kg		Total transit/ conveyance dues payable	
1	2	3		4		5		6		7		8 = 6*7	
	Priority ¹	kg	g	kg	g	kg	g	kg	g	SDR		SDR	
	CP												
	Priority ¹												
	CP												
	Priority ¹												
	CP												
	Priority ¹												
	CP												
	Priority ¹												
	CP												
	Priority ¹												
	CP												
Increase of 5% on the total amount for air transit à découvert and missent items													
Increase of 10% on the total amount for surface transit à découvert and missent items													
Additional charges for missent items													
Final total													—

Creditor designated operator
Signature

Seen and accepted by the debtor designated operator
Place, date and signature

Date

Corresponding designated operator	Airmail		Postal parcels	
	Month		Year	
	Quarter	Half-year	Year	

Method of settlement ☐ Direct ☐ Via UPU*Clearing

Notes

To be filled in by typewriter or computer printer

Exchange	Period	Balance of CN 19/CN 51/CP 75 accounts in favour of the designated operator preparing the account		Observations
1	2	3	4	5
Received by the designated operator preparing the account		SDR	SDR	
Sent by the designated operator preparing the account				
Totals				
Less				
Credit balance				
Name of creditor designated operator				

Designated operator preparing the account
Signature

Seen and accepted by the designated operator
receiving the account
Place, date and signature

☐ 24 days
☐ 48 days
☐ Continuous

Origin	Operator		Desrination	Operator		Mail category	Receptacle format	Receptacle type
	Office			Office				

[illegible]

Dimension 297 x 210 mm

CN 54

Revision mechanism

Mail dispatched

Origin operator	Destination operator	Mail category	Format
-----------------	----------------------	---------------	--------

[illegible]

Seen and accepted by the designated operator receiving the form
Date, place and signature

Date:

Format separated

Mixed

Origin operator

Destination operator

Mail received

Mail dispatched

Year

1. Estimated number of items (data from CN 54 and CN 56)

Format	Quarter	Mail category A				Mail category D				Mail category B				Mail category C				Total	
		Actual weight (CN 56)	Weight proportion (CN 54)	IPK from sampling (CN 54)	Estimated number of items	Actual weight (CN 56)	Weight proportion (CN 54)	IPK from sampling (CN 54)	Estimated number of items	Actual weight (CN 56)	Weight proportion (CN 54)	IPK from sampling (CN 54)	Estimated number of items	Actual weight (CN 56)	Weight proportion (CN 54)	IPK from sampling (CN 54)	Estimated number of items	Actual weight (CN 56)	Estimated number of items
P or S	Q1																		
	Q2																		
	Q3																		
	Q4																		
	Total																		
G	Q1																		
	Q2																		
	Q3																		
	Q4																		
	Total																		
E	Q1																		
	Q2																		
	Q3																		
	Q4																		
	Total																		
Mixed mail	Q1																		
	Q2																		
	Q3																		
	Q4																		
	Total																		

2. Grand totals and overall IPK calculation, to be reported in CN 61

Format	Total weight*	Weight proportion	Total calculated number of items	Average IPK**
P or S				
G				
E				

* to be forwarded to CN 61 in the case of mixed mail
 ** to be forwarded to CN 61

3. Non-sampled flows (data from CN 56), to be reported in CN 61

Quarter	Category A: priority/air		Category D: priority/surface			
	Actual weight	Number of items	Actual weight	Number of items		
Q1						
Q2						
Q3						
Q4						
Total					Grand total	
					Actual weight	Number of items

Observations


 Designated operator preparing the form
 Signature

Seen and accepted by the designated operator receiving the form
 Date, place and signature

Form prepared by:

STATEMENT OF MAILES

CN 55

Date:

Origin	Operator	Destination	Operator	Mail category	Year – quarter
	Office		Office		

Summary of CN 31 letter bills

Date of dispatch	Dispatch No.	Weight – mail subject to terminal dues				M bags			Number of registered items	Number of insured items	Number of Tracked items	Observations
		P or S format	G format	E format	Mixed/ X format	Number of bags up to 5 kg	Weight of bags up to 5 kg	Weight of bags over 5 kg				

Origin operator	Destination operator	Mail category	Year and quarter
-----------------	----------------------	---------------	------------------

Summary of CN 55 statements

Origin office	Destination office	Subclass	Weight – mail subject to terminal dues				M bags			Number of registered items	Number of insured items	Number of Tracked items
			P or S format	G format	E format	Mixed/ X format	Number of bags up to 5 kg	Weight of bags over 5 kg	Weight for terminal dues			
Totals			Sampled flows									
			Non-sampled flows									
Grand total												
Designated operator preparing the form				Seen and accepted by designated operator receiving the form								

Designated operator preparing the form
Signature

Seen and accepted by designated operator receiving the form
Place, date and signature

Form prepared by:

ACCOUNT
Bulk mail received

CN 57

Date:

Origin operator	Destination operator	Mail category	Year and quarter
-----------------	----------------------	---------------	------------------

Summary of CN 32 bulk mail letter bills

Origin office	Destination office	Date of dispatch	Dispatch number	P or S format		G format		E format		Mixed / X format		Observations
				Weight	Number of items	Weight	Number of items	Weight	Number of items	Weight	Number of items	
Total Rates												Total amount to be paid
Amounts												

27
Designated operator preparing the form
Signature

Seen and accepted by the designated operator receiving the form
Place, date and signature

FINAL ACCOUNT
Bulk mail

CN 57bis

Origin operator Quarier	Format	Weight	Items	Destination operator Invoiced rates		Invoiced amount	Final rates		Mail category	Final invoice	Year	Correction
				per kg	per item		per kg	per item				
Q1	P or S											
	G											
	E											
	Mixed / X											
Q2	P or S											
	G											
	E											
	Mixed / X											
Q3	P or S											
	G											
	E											
	Mixed / X											
Q4	P or S											
	G											
	E											
	Mixed / X											
Total (A)							Total (B)					

273 To be received by designated
Designated operator preparing the form
Signature

Seen and accepted by the designated operator receiving the form
Place, date and signature

operator of destination (negative
amount is to be paid by designated operator
of destination) (C=B-A)

DETAILED ACCOUNT
Remuneration based on central reports. Quarterly statement

CN 60

Form prepared by:

Date:

Origin designated operator		Year – quarter
Destination designated operator		

Month	Product	No. of items	Rate per item	Amount (SDR)
Total amount due (SDR)				

Observations

Creditor

Debtor
Place, date and signature

Debtor designated operator									Method of settlement		1. Annual volumes	
									Year	Direct	Via UPU*Clearing	
	Quarter	Mail category	P or S format	G format	E format	Mixed mail	Non-sampled	M bags	Registered items	Insured items	Tracked items	
I.1 Mail received	Q 1	A										
		B										
		C										
		D										
	Q 2	A										
		B										
		C										
		D										
	Q 3	A										
		B										
		C										
		D										
	Q 4	A										
		B										
		C										
		D										
		Sub-total										
		IBRS weight										
		UPU mail										
		Total										
	I.2 Mail sent	Q 1	A									
			B									
			C									
			D									
Q 2		A										
		B										
		C										
		D										
Q 3		A										
		B										
		C										
		D										
Q 4		A										
		B										
		C										
		D										
		Sub-total										
		IBRS weight										
		UPU mail										
		Total										

2. Terminal dues calculations

CN 61 (back)

2.1 Mail received

Flow	Total weight	Rate	Amount for weight	IPK	Total number of items	Rate	Amount for items
P or S format							
G format							
E format							
Mixed mail							
Non-sampled mail							
M bags							
Registered items							
Insured items							
Tracked items							
Total							

2.2 Mail sent

Flow	Total weight	Rate	Amount for weight	IPK	Total number of items	Rate	Amount for items
P or S format							
G format							
E format							
Mixed mail							
Non-sampled mail							
M bags							
Registered items							
Insured items							
Tracked items							
Total							

3. Summary

	Amount for weight	Amount for items	Total
Mail received (table 2.1)			
Mail sent (table 2.2)			
Amount to be received			

Creditor designated operator
Signature

Seen and accepted by debtor designated operator
Place, date and signature

Date Period of account

<input type="checkbox"/> Closed mail <input type="checkbox"/> Empty bags	
Debtor designated operator	
Method of settlement <input type="checkbox"/> Direct <input type="checkbox"/> Via UPU*Clearing	

Summary of CN 69 statements

Designated operator of destination of mails	Quarterly weight of mails or empty bag mails	Forwarding route	Transit charges per kg ¹	Amount in SDR
1	2	3	4	5 = 2*4
	kg		SDR	SDR
	1st			
	2nd			
	3rd			
	4th			
Annual total				
	1st			
	2nd			
	3rd			
	4th			
Annual total				
	1st			
	2nd			
	3rd			
	4th			
Annual total				
¹ Art. 27-103 – Closed mails; art. 27-109 – Empty bags		Total		
		+ amount from overleaf		
		+ amount carried over from previous CN 62		
		Total amount receivable		

Creditor designated operator
Signature

Seen and accepted by debtor designated operator
Place, date and signature

Designated operator of destination of mails	Quarterly weight of mails or empty bag mails	Forwarding route	Transit charges per kg ¹	Amount in SDR
1	2	3	4	5 = 2*4
	kg		SDR	SDR
	1st			
	2nd			
	3rd			
	4th			
Annual total				
	1st			
	2nd			
	3rd			
	4th			
Annual total				
	1st			
	2nd			
	3rd			
	4th			
Annual total				
	1st			
	2nd			
	3rd			
	4th			
Size 210 x 297 mm Annual total				
	1st			
	2nd			
	3rd			
	4th			
Annual total				
¹ Art. 27-103 – Closed mails; art. 27-109 – Empty bags		To be entered overleaf		

DETAILED ACCOUNT
Additional sea transit charges
Date

Debtor designated operator	Period	Year
----------------------------	--------	------

Serial No.	Date of departure of the ship	Date of arrival of the ship	Office of origin of CN 37	Port of disembarkation	Date of notification by advice of delivery	Full container load (FCL)/less than container load (LCL)	Name of ship	Name of shipping company	Container No.	Type of service provided	Currency	Amount
	1	2	3	4	5	6	7	8	9	10	11	12
Total amount												
SDR exchange rate (applicable at _____)												
Total amount in SDR											SDR	

Creditor designated operator
Signature

Seen and approved by the debtor designated operator
Place, date and signature

Notes

Statement showing the balance of the CN 61 detailed accounts

Method of settlement	<input type="checkbox"/> Direct	<input type="checkbox"/> Via UPU*Clearing	Year for which sums are due
Sums due	<input type="checkbox"/> provisional	<input type="checkbox"/> final	

Carried forward from the CN 64 of the previous year		
Carried forward from the CN 61 detailed account	Designated operator preparing the statement	Corresponding designated operator
	SDR	SDR
Provisional payment made		
Paying designated operator		
Totals Deduction		
Creditor designated operator		
Balance		
Amount subject to QSF payments carried forward from CN 61 (art. 31 of Convention and 31-101 of Convention Regulations) ¹	SDR	
Additional information		
<input type="checkbox"/> No observation was received from the debtor designated operator within the regulation period		

 Designated operator preparing the statement
 Signature

 Seen and accepted by the debtor designated operator
 Place, date and signature

¹ Beneficiary designated operators in the transition system shall give the total amount relating to flows from contributing designated operators mentioned in boxes 2A + 2B or 2I + 2J, section A, of the CN 61 statements.

Beneficiary designated operators in the target system shall give the total amount relating to flows from contributing designated operators mentioned in boxes 2A + 2B or 2G + 2H, section B, of the CN 61 statements

Debtor designated operator

Corresponding designated operator	Reference year of CN 64 statement	Date of acceptance of CN 64 statement ¹	Amount subject to increase	%	Amount due
			SDR		SDR
¹ No date of acceptance means the debtor designated operator has not made a remark within the regulation period (art 31-101.2)					Total

Designated operator preparing the statement
Signature

Seen and accepted by the debtor designated operator
Place, date and signature

Debtor designated operator

Notes

Statement showing the calculation of the additional amount provided in Convention article 32.6

[illegible]

BILL
Weight of missent and à
découvert items

No.

	<input type="checkbox"/> Priority/airmail items	<input type="checkbox"/> Non-priority/surface items
Office of exchange of destination	<input type="checkbox"/> Registered A découvert	<input type="checkbox"/>
	<input type="checkbox"/> Unregistered	<input type="checkbox"/> Missent
Designated operator of destination	<input type="checkbox"/> Statistics (during the statistical period)	
	Date of dispatch	Mail No.

Notes

The weight of items missent or à découvert and, where applicable, for a specific zone, is rounded up to the next 10 grammes for fractions over 5 grammes and down for those below

Groups of countries for which the transit charges are the same	Net weight	Observations
1	2	3
	g	

Dispatching office of exchange
Signature

Office of exchange destination
Signature

Office of exchange reforwarding the mails

Airmails and S.A.L. mails

Date _____

CN 66

— Priority/By airmail

— Non-priority/S.A.L.

Designated operator dispatching the mails	Month	Quarter	Year
	Mails forwarded from		
	to		

Any observations may be made on the back of the form

Date of conveyance	Mail No.	Dispatching office	Office of destination	No. of the flight used	Weight of each category of item			
					Letter post		CP	
1	2	3	4	5	6		7	
					kg	g	kg	g
Totals								

Date

Designated operator of destination	Month	Quarter
	Statistical period	Year
Office of exchange of destination of mails	Office of exchange dispatching the mails	
Designated operator dispatching the mails		

Date of dispatch of the mail	No. of CN 65 bill	Groups of countries of destination				Observations
		LC/AO	LC/AO	LC/AO	LC/AO	
1	2	3	4	5	6	7
		g	g	g	g	
Totals						
To be multiplied by 12 ¹						
To be carried forward to CN 51 form						

¹ In the case of CN 67 statements for correspondence sent during statistical periods

List of dispatches handled in closed transit

285

Regulated entity category (RA, KC or AO) and identifier (of the regulated party issuing the security status)		Unique consignment identifier	
Contents of consignment			
<input type="checkbox"/> Consolidation			
Origin	Destination	Transfer/Transit points (if known)	
Security status	Reasons for issuing the security status		
	Received from (codes)	Screening method (codes)	Grounds for exemption (codes)
Other screening method(s) (if applicable)			
Security status issued by		Security status issued on	
Name of person or employee ID		Date (dd/mm/yyyy) Time (tttt)	
Regulated entity category (RA, KC or AO) and identifier (of any regulated party that has accepted the security status given to a consignment by another regulated party)			
Additional security information			

Form prepared by:

QUARTERLY ACCOUNT, NON-SAMPLED MAIL FLOWS
RECEIVED

CN 71

Date:

Origin operator	Destination operator	Year and quarter
-----------------	----------------------	------------------

Non-sampled flow information from CN 56 recapitulative statements

Mail category	Weight	Number of items					Observations
		Total	UR - Registered	UR - Insured	UX - Tracked	Others	
A - airmail							
B - S.A.L.							
C - surface							
D - prio surface							
Total Rate ¹							
Amount (SDR)	A	B	C	D		E	
Total amount (SDR)	Terminal dues (A+B)		Additional payment (C+D+E)				Total to be paid

¹ Rates for the weight (cell A) and total number of items (cell B) are terminal dues rates. Other rates (for cells C, D and E) concern additional payments.

Designated operator preparing the form
Signature

Seen and accepted by designated operator receiving the form
Place, date and signature

Origin operator	Destination operator	Year
-----------------	----------------------	------

Adjusted terminal dues rates and amounts

Quarter	Weight	Number of items	Provisional rates used in CN 71		Amount invoiced in CN 71	Final rates		Final amount	Correction
			per kg	per item		per kg	per item		
Q1									
Q2									
Q3									
Q4									
Note: final rates include adjustments linked to quality of service					Total (A)			Total (B)	
									(C)

To be received by designated operator of destination (negative amount is to be paid by designated operator of destination)

(C=B-A)

Designated operator preparing the form
Signature

Seen and accepted by designated operator receiving the form
Place, date and signature

Note:

- To take account of the needs of their service and/or the methods of production of this manifold set, designated operators may alter slightly the sizes of the boxes, the font for the titles and indication, provide the appropriate number of copies for each part, without however deviating too much from the directives contained in the model.
- It is strongly recommended that instructions helping the customer to complete this manifold set should be given on the back of the cover page or on the back (of the last page) of the manifold

CP 72 (Spot carbon in front of "Address label")





. figures

From	Sender's customs reference (if any)
------	-------------------------------------

No(s). of parcel(s)
(barcode, if any)

Business

Street

Tel. No.

Postcode

City

Country

Cash-on-delivery amount – Words Giro account No. and Giro centre figures

Name

Business

Street

Tel. No.

Postcode

City

Country

ADDRESS LABEL

Sender's instructions in case of non-delivery	
---	--

Priority

Treat as abandoned

priority

Return to sender

Non

Declaration by addressee

I have received the parcel described on this note

Date and addressee's signature

To

292



From

To

Importer/addressee reference (if any) (tax code/VAT number/Business importer code) (optional) Importer/addressee fax/e-mail (if known)

Detailed description of contents (1)

Please indicate service required (tick one box)

International Priority
Category of item (10) Gift

Documents

Comments (11): (eg: goods subject to quarantine, sanitary/phytosanitary inspection or other restrictions)

I certify that the particulars given in this customs declaration are correct and that this item does not contain any dangerous article prohibited by legislation or by postal or customs regulations

Size 204 x 144 mm (basic format A5) with a tolerance of 2 mm

(Designated operator)

Name

Sender's customs reference (if any)

Business

No(s) of parcel(s)
(barcode, if any)

Street

Tel. No.

Postcode

City

Country

Name

Business

Street

Tel. No.

Postcode

City

Quantity (2)

Net weight (in kg)
(3)

Value (5)

For commercial items only

HS tariff number (7)

Country of origin of goods (8)

Country

Total gross weight (4) Total value (6)

Postal charges/Fees (9)

International Economy

Commercial sample

Other (please specify):

Office of origin/Date of posting

Number of parcels

certificates

Returned goods

Explanation:

Sale of goods

Insured value SDR

Total gross weight of the parcel(s)

Charges

Licence (12)

Certificate (13)

Invoice (14) Sender's instructions in case of non-delivery

Licence number(s)

Certificate number(s)

Invoice number

Treat as abandoned Return to sender

Priority

Non
priority

Date and sender's signature (15)

I have received the parcel described on this note Date and

Declaration by addressee

addressee's signature

CP 007 075 992 NO



CN 23 CUSTOMS DECLARATION

Instructions

To clear your item, the Customs in the country of destination need to know exactly what the contents are. You must therefore complete your declaration fully and legibly; otherwise, delay and inconvenience may result for the addressee. A false or misleading declaration may lead to a fine or to seizure of the item.

Your goods may be subject to restrictions. It is your responsibility to enquire into import and export regulations (prohibitions, restrictions such as quarantine, pharmaceutical restrictions, etc.) and to find out what documents, if any (commercial invoice, certificate of origin, health certificate, licence, authorization for goods subject to quarantine (plant, animal, food products, etc.) are required in the destination country. To accelerate customs clearance, complete this declaration in English, French or in a language accepted in the destination country. If available, add importer/addressee telephone number and e-mail address, and sender telephone number.

Commercial item means any goods exported/imported in the course of a business transaction, whether or not they are sold for money or exchanged.

- (1) Give a detailed description of each article in the item, e.g. "men's cotton shirts". General descriptions, e.g. "spare parts", "samples" or "food products" are not permitted.
- (2) Give the quantity of each article and the unit of measurement used.
- (3) and (4) Give the net weight of each article (in kg). Give the total weight of the item (in kg), including packaging, which corresponds to the weight used to calculate the postage.
- (5) and (6) Give the value of each article and the total, indicating the currency used (e.g. CHF for Swiss francs).
- (7) and (8) The HS tariff number (6-digit) must be based on the Harmonized Commodity Description and Coding System developed by the World Customs Organization. "Country of origin" means the country where the goods originated, e.g. were produced/manufactured or assembled. Senders of commercial items are advised to supply this information as it will assist Customs in processing the items.
- (9) Give the amount of postage paid to the Post for the item. Specify separately any other charges, e.g. insurance.
- (10) Tick the box or boxes specifying the category of item.
- (11) Provide details if the contents are subject to quarantine (plant, animal, food products, etc.) or other restrictions.
- (12) , (13) and (14) If your item is accompanied by a licence or a certificate, tick the appropriate box and state the number. You should attach an invoice for all commercial items.
- (15) Your signature and the date confirm your liability for the item.

CP 73

CP 000 004 603 CH



Size 74 x 26 mm

CP 74



Size 74 x 26 mm, colour pink

Note. – Designated operators using barcodes in their service may use CP 73 and CP 74 labels bearing such codes in addition to the indications already provided for

Date

Dispatching designated operator of parcels	Month	Year
	Quarter	Half-year

Method of settlement ☐ Direct ☐ Via UPU*Clearing

Statements

Origin office	Destination office	Mail category	Amounts due according to CP 94 statement		Observations
			to designated operator preparing account	to dispatching designated operator	
			SDR	SDR	
Totals					
Less					
Credit balance					
Name of creditor designated operator					
Designated operator preparing account Signature			Seen and accepted by the designated operator receiving the account Place, date and signature		

STATEMENT OF CHARGES

CP 77

Designated operator of

Date

Office of exchange of

Parcel No.		
Reason for return		
<input type="checkbox"/> Unknown	Refused <input type="checkbox"/> prohibited	<input type="checkbox"/> Importation
<input type="checkbox"/> Gone away	<input type="checkbox"/> Unclaimed	<input type="checkbox"/>
Presentation-to-Customs charge Storage		SDR
charge		
Return charge		
Redirection charge		
Non-postal fees		
Miscellaneous		
Total		

Size 105 x 148 mm

Date

	VN originator		VN destination	
Operators				
Office code and name				
Anomalies concern	<input type="checkbox"/> a dispatch	Dispatch/consignment identifier		Document date
	<input type="checkbox"/> a consignment			
	<input type="checkbox"/> other			
Dispatching office of exchange			Office of exchange of destination	

VN summary codes

<input type="checkbox"/> 10 – Missing document(s)	<input type="checkbox"/> 25 – Wrong receptacle type	<input type="checkbox"/> 37 – Receptacle or item received unlabelled
<input type="checkbox"/> 11 – Declared wrong mail class or mail category	<input type="checkbox"/> 30 – Weight difference	<input type="checkbox"/> 40 – Missing item (barcoded items)
<input type="checkbox"/> 12 – Missing dispatch	<input type="checkbox"/> 31 – Received receptacle/item mislabelled to this location	<input type="checkbox"/> 41 – Item in excess (barcoded items)
<input type="checkbox"/> 21 – Missing receptacle	<input type="checkbox"/> 32 – Seized by Customs	<input type="checkbox"/> 42 – Missing item – evidence of theft
<input type="checkbox"/> 22 – Receptacle received in excess	<input type="checkbox"/> 33 – Refused by Customs	<input type="checkbox"/> 43 – Missent item
<input type="checkbox"/> 23 – Misrouted receptacle	<input type="checkbox"/> 34 – Dangerous contents – not to be flown (will be destroyed)	<input type="checkbox"/> 44 – Wrong parcel rates
<input type="checkbox"/> 24 – Mislabelled receptacle by destination	<input type="checkbox"/> 35 – Damaged item/receptacle	<input type="checkbox"/> 99 – Other
	<input type="checkbox"/> 36 – Received with unreadable receptacle/ item barcode	

1. Irregularities concerning documents

<input type="checkbox"/> Missing documents (please accept the substitute forms attached)			
Delivery bill: CN _____ <input type="checkbox"/> Parcel bill: CP 87 <input type="checkbox"/> Special parcel bill: CP 88			
<input type="checkbox"/> Delivery bill: corrections of total weights		CP	Empty receptacles
<input type="checkbox"/> According to the weights given on the labels (amended as necessary) Resulting from <input type="checkbox"/> an error in calculations			Total
<input type="checkbox"/> Parcel bill: irregularities concerning totals	Entered	Received	Observations
Number of parcels			
Gross weight			
Total insured value			
Total number of receptacles			
Total rates (SDR) for column 6			
Total rates (SDR) for column 7			
Total dues (SDR) for column 8			
Total dues (SDR) for column 9			

2. Irregularities concerning receptacles

CP 78 (back)

Receptacle ID or serial number	Description

3. Parcel irregularities

Parcel-ID	Weight	Type of irregularity*	Observations	Parcel-ID	Weight	Type of irregularity ¹	Observations

* Allowed values: 1 – missing; 2 – excess; 3 – damaged; 4 – retained; 9 – others.

4. Parcel errors

Parcel-ID	Origin	Country of destination	Weight		Credit/debt			Observations
			Entered	Observed	CP 87 column (6 to 9)	Entered	Observed	

5. Other irregularities

This form must be returned to

☐ Accepted

☐ Rejected

☐ Further information required

☐ For information only

Origin – Signature

Destination – Signature

Countries for which the above-mentioned designated operator accepts postal parcels in transit on the conditions given below

Serial No.	Country of destination	Routes	Rates to be allocated to the designated operator of		Breakdown of the amounts in columns 3 and 4		Countries and sea services to which they are due	Limit of insured value	Number of customs declarations	Observations
			Rate per parcel	Rate per kg	Rate per parcel	Rate per kg				
	1	2	3	4	5	6	7	8	9	10
			SDR	SDR	SDR	SDR		SDR		

Note
The above-mentioned designated operator accepts, on the terms shown below, air parcels addressed to its own territory and in transit to countries for which it is in a position to serve as an intermediary

1 Conditions for the internal service


A. Does the designated operator preparing this table undertake to reforward air parcels by air in the interior of its country, on all or part of the journey?	<input type="checkbox"/> Yes If so, to which places? (in alphabetical order)	<input type="checkbox"/> No	Inward rates payable to the designated operator of destination
B. Can air parcels addressed elsewhere be sent to these places at the request of the sender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	per parcel, SDR per gross kg, SDR

2 Services to other countries

Col 3 The dues shown in this column cover the inward rates with which the designated of destination is to be credited.	appropriate note, in columns 4a and 4b, the rate per parcel (column 4a) being increased by operator the above-mentioned single rate.
Col 4 The single rate per parcel payable to the intermediate designated operator for air parcels à découvert must be entered in column 4a. When transit land rates, and/or sea rates are to be allocated, if land or sea transit is used, the total must be shown with an	Col 5 The total inward and transit rates to be allocated to the intermediate designated operator for in transit receipt and transit shall be shown in this column.

Country of destination	Routes Air sectors used	Rates payable to the designated operator of						Air conveyance dues by weight payable to the designated operator of	Observations (including limit of insured value in SDR)
		Inward rates		Transit rates		Total columns		as far as the country of destina- tion	
		per parcel	per gross kg	per parcel	per gross kg	5a = 3a + 4a per parcel	5b = 3b + 4b per gross kg		
1	2	3		4		5		6	7
		a	b	a	b	a	b		
		SDR	SDR	SDR	SDR	SDR	SDR	SDR	

[illegible]

Posts	PARCEL		Surfac		CP 83
	S				
	Disp. type	Disp. No.	To		
	Date				
	Rec. type	Rec. No.	Receptacle ID		
	Seal				
	Rec. subcl.	No. of items			
Gross kg					
		Date Transport		Unload	

Size 130 x 90 mm


Posts

PARCEL


S

Airmail

CP 84

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>Disp. type</p> <p>Date</p> </div> <div style="width: 40%;"> <p>Disp. No.</p> <p></p> </div> </div>		To
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>Rec. type</p> <p>Seal</p> </div> <div style="width: 40%;"> <p>Rec. No.</p> <p></p> </div> </div>		<p>Receptacle ID</p> 
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>Rec. subcl.</p> <p>Gross kg</p> </div> <div style="width: 40%;"> <p>No. of items</p> <p></p> </div> </div>		<p>Date Transport</p> <p>Unload</p>

Size 130 x 90 mm

Posts	PARCEL S		S.A.L. surface		CP 85
			To		
	Disp. type	Disp. No.			
	Date				
	Rec. type	Rec. No.	Receptacle ID 		
Seal					
Rec. subcl.	No. of items				
Gross kg		Date Transport		Unload	

Size 130 x 90 mm


☐ CN 44 trial note attached

Operators	Origin						Previous number
	Destination						
Origin OE and IMPC code		Destination OE and IMPC code	Category	Sub-class	Year	Dispatch No.	Date
Transportation							

Detailed entry

Serial No.	Parcel-ID	Origin	Country of destination	Weight	Insured value	Land and sea rates payable by dispatching designated operator to receiving designated operator	by receiving designated operator to dispatching designated operator	Air conveyance dues payable by dispatching designated operator to receiving designated operator	by receiving designated operator to dispatching designated operator	Observations
	1	2	3	4	5	6	7	8	9	10
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
Total										

Dispatch summary

Bulk entry	Dispatch total	Receptacles by type	Bags	Other	Total
Weight of parcels No.	Gross weight No.	No. of receptacles			
of parcels	of parcels	No. of receptacles to be returned			
	No. of parcels out of bag	No. of empty receptacles			
<input type="checkbox"/> COD parcels included	Observations				

 Dispatching office of exchange
Signature

 Office of exchange of destination
Signature

Dispatching office of exchange

SPECIAL PARCEL BILL
Payment of rates due for the transit of parcels
Date

CP 88

No.

Intermediate office of exchange		Date of departure		Mail No.
		Train No./Name of ship		
Transit designated operator		Route followed by the mail		
<input type="checkbox"/> Land transit <input type="checkbox"/> Sea transit		Office of destination of the mail		
Total number of parcels	Gross weight ¹	Observations		
	kg			
Nature of parcels	Number of receptacles	Number of parcels in receptacles	Number of unenclosed parcels	
Uninsured parcels Insured parcels				
Totals				

Dispatching office of exchange
Signature of the official

Intermediate office of exchange
Signature of the official

¹ This may include the weight of mailbags or similar receptacles but should exclude that of airline or shipping containers

DISPATCH NOTE, CUSTOMS, ETC., DOCUMENTS ENCLOSED

CP 91

Size 245 x 170 mm (external), 230 x 155 mm (internal), 50 mm flap

<div></div> <div>DISPATCH NOTE, CUSTOMS, ETC., DOCUMENTS ENCLOSED</div>	<div></div> <div>CP 92</div>	<div></div>
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Size 170 x 130 mm (external), 155 x 115 mm (internal), 50 mm flap

Designated operator of

Office preparing the statement

STATEMENT OF AMOUNTS DUE

CP 94

Surface S.A.L.
Air
Date

Office of exchange of destination of the mail	Month	Year
Dispatching designated operator	Quarter	Year
Dispatching office of exchange of the mail		

Notes

To be filled in by typewriter or computer printer

Credits due to the designated operator of destination from the CP 87 or CP 88 parcel bills						Credits due to the dispatch- ing designated operator from the CP 87 parcel bills		Observations
Date of dispatch	Mail No.	Total number of parcels	Gross weight	Col. 6 of form CP 87	Col. 8 of form CP 87	Col. 7 of form CP 87	Col. 9 of form CP 87	
			kg	SDR	SDR	SDR	SDR	
Total per column								
Rates								
Amount per column		SDR	SDR					
Grand total of credits due								

Office preparing the statement
Signature of the official in charge

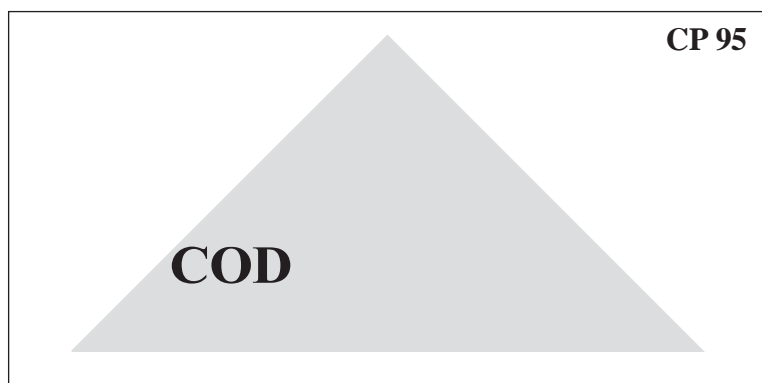
Form prepared by: Date:

STATEMENT OF AMOUNTS DUE
with weight brackets

CP 94bis

	Operator						Operator				Mail category	Period	
Origin						Destination							
	Office		Parcels with weight in PREDES		0–2 kg range			Office		5–30 kg range			
Date of dispatch	Dispatch No.	Number of parcels	Net weight	Number of parcels	Weight	Number of parcels	Weight	Number of parcels	Weight	Observations			
Total													
Rate													
Amount										Difference to be carried over to CP 75			
Total due													

Designated operator preparing the form
Signature



Size 100 x 50 mm