



Please send this form to Mario Plante

mplante@nationex.com

Fax: (450) 676-2094, 1-888-749-2999

Date: _____

CLAIMANT

Company: _____

Contact: _____

Address: _____

(number., street)

(suite, floor, door)

(City)

(Province)

(Postal code)

CONSIGNEE:

Company: _____

Contact: _____

Address: _____

(number, street)

(suite, floor, door)

(City)

(Province)

(Postal code)

Your ref. no.: _____ Nationex waybill no.: _____

Description of goods claimed: _____

Claim type: Lost parcel(s) _____ Damaged parcel(s) _____

Shipping date: _____ Amount claimed: _____ \$ (cost price *)

Please explain how you have established the amount claimed and join appropriate documents.

Signature: _____

DO NOT FORGET TO SEND COPIES OF DOCUMENTS SUPPORTING YOUR CLAIM.

For any information, call (514) 861-3453 or your sales representative.

**The cost price represents the book value of the merchandise and not its actual selling price.*