



DECLARATION OF NON RECEIPT

PLEASE COMPLETE THE FORM IN CAPITAL LETTERS

Claimant name:

Date of shipment from Italy:

Address:

| | | |
|----------|---------|-------|
| Street | Nr./apt | |
| Zip code | City | State |

I declare that the shipment I was waiting from the Italian seller has never been received by me.

I would like to start an investigation about my shipment, which is:

| | |
|---------------------------|----------|
| BARCODE / TRACKING NUMBER | CONTENTS |
|---------------------------|----------|

I, the receiver whose name and address was provided with this document, certify that this declaration is true and I know that making a false statement could lead to prosecution.

DATE:

.....

SIGNATURE:

.....