

Corniche Int'l Express (HK) Ltd

SPECIAL REQUEST FORM

Date : _____

Attn : _____

* Please complete in English and block letters.

* Please fax back to 2754 8611 or email to customer@corniche.com.hk.

* You will receive our confirmation by phone or email of your request.

Your company information :

Company Name : _____

Account No. : _____

Contact Name : _____

E-mail Address : _____

RE : Airway bill no. : _____

Please tick the appropriate boxes :

☐

Change the delivery address to :

Company Name : _____

Address : _____

Contact Name : _____

Tel no. : _____

☐

Return shipment to our company.

☐

Destroy shipment.

☐

Other : (Please specify) _____

I understand the terms and responsible for all courier charges.

Signature & Company Chop