

# 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 :

Tel No. :

\_\_\_\_\_

E-mail Address :

\_\_\_\_\_

RE : Airway bill no. : \_\_\_\_\_

### **Please tick the appropriate box :**

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