

Courier & SMS Request Form

COURIER REQUEST (To be filled by applicant in BLOCK LETTERS) For Business/office Address:-

| * Important Note: Ti | nese are | option | nal servi | ices an | d cha | rges a | re KE | S XX | X per | courie | er and | KES X | XX per | SMS. |
|--|---|---|---|--|--|--|--|---|---|---|--|---------------------------------------|--------------------------------------|---------------|
| 1. Please fill in the foll | | | | | | | | | | | | | | |
| Passport Number: | | | | 20 | | | | | | 1.5 | A | 7 | | |
| Applicant Name: | k k | | 1 1 | 1 | - | | 1 | | 1 1 | 1 | | 1 | 1 1 | |
| First Name: | | | | | | | | | | | | ļ | | |
| Middle Name: | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | | | | | |
| 2. Address* (To be fill | ed in Car | nital Let | ters only | v) renu | ired fo | e com | rier (c | lelive | ry of I | Passno | rt1· | | | |
| * Please reconfirm the | | | | | | , cou | (0 | | ., | шээро | • | | | |
| Company name: | | | | | | | | | | L. | 1 | | | |
| Department name: | | | | | | | | | | | | | | |
| Ext number: | | | | | | | | | | | | | | |
| Building Name: | | | | | | | | | | | | | | |
| Wing: | | | | | | | | | | | | Ĭ | | |
| Street/Area | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | |
| State: | | | | Ï | | | | | | | | Ì | | |
| Pin Code: | | | | | | | | | | | | Ţ | | |
| 3. In case of Non Servi mentioned Hold At Lo | | | | to coll | ect the | e abov | e me | ntior | ned pa | ssport(| s) fron | n the b | elow | |
| SO Done By/Date | DO Done By/Date | | | | | | | | | | | | | |
| 4. SMS : YES / NO. | | | | | | | | | | | | | | |
| If Yes, CONATCT NO: | | | | | | | | | | | | | | |
| Î, | | | | . holdir | 19 | | | F | assno | rt Nur | ber(s) | | | |
| have requested & aut document/s) by third claims or other consect document/s, delay or restricted to what the agree that this constit I confirm that I have re | horized I party co quences damage courier cutes a ge | M/s.BLS urier or includir to the o compar enuine p | Interna my beh ng exper docume ny pays / ore-estir | itional nalf. I a nses ari nt/s. I delive nate of | to sengree n sing or agree ers to E | d / de ot to l ut of a that n BLS if a | liver in old Early look in old Early claim in offere | my BLS G ss, te im ar the a | lobal r mpora ising c above me. | espons ary mis out of a events | (set of sible for placen any of the soccur | out the or any nent o the ab | e liabilition f the ove sha | es, all be |
| SIGNATURE: | PLACE: | | | | | | | | | | | | | |