



WAREHOUSE RECEIPTS REGULATORY BOARD

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COMMODITY MIS DELIVERY FORMS
 (Made under Section 43 (2) (c) Act No 10 of 2005 and No 3 of 2015)

FULL NAME OF APPLICANT (CLAIMANT) _____ _____ _____	P.O.BOX..... STREET..... PLOT No..... TOWN.....	Phone..... Fax..... E- mail..... Website.....
FULL NAME OF RESPONDENT (PAYER) _____ _____ _____	P.O.BOX..... STREET..... PLOT No..... TOWN.....	Phone..... Fax..... E-mail..... Website.....

Subject to subsection 55(1) of the Warehouse Receipt Regulations 2016

I.....
(Full Name of the Authorized Staff of the Claimant Involved)

Of Ms.....
(Full Name of Claimant Company)

being a.....
(Warehouse Operator / Depositor/ Buyer/ Financier)

“Knowing that you are not lawfully entitled to the possession of the following goods and or without observing the terms indicated in the Warehouse Receipt (s) and the respective Release Warrant (s), the mis—deliveries here referred as Over Release above the required amount of the following..... was done to your Company”
(Name the commodity)

This Action contravenes Section.....of the Warehouse Receipt Act”.

Original Descriptions					Actual Mis-Delivery		
Lot number / Warehouse Receipt Number	Type of Crop	Units	Weight (Kgs)	Unit Value (Tshs)	Units	Weight (Kgs)	Total Value (Tshs)
Total							

Declaration of the Parties involved in this mis deliveries Claim Form:

“Knowing that refusal to sign this form or any false statements made herein shall amount to thievery action which is a criminal offense of pilfer- age from the Licensed Warehouse and thus liable for prosecution. I declare all statements made herein are true to the best of my knowledge. Further, as a condition of signing this form I have carefully read and agreed to comply with this Act”

CLAIMANT FULL NAME SIGNATURE and COMPANY STAMP DATE

RESPONDENT FULL NAME SIGNATURE and COMPANY STAMP DATE

TERMS AND CONDITIONS OF CLAIM FORM:

1. This form must be fill in three copies (original - Claimant; 2nd - Board, 3rd - Respondent)
2. Any Claim to the respondent must be submitted to the Board within 30 days from date of issuance of this claim form.
3. The Respondent is required to settle the whole claim within 30 days from the time of signing this claim form.
4. All payments associated with this claim must be paid to the Warehouse Receipt System Performance Bond a/c
5. **In the event the Claimant failed to fully pay** the actual mis—delivery within 30 days from date of signing this form the Board shall initiate further legal procedure to recover the loss from the respondent **Current and Fixed Assets** which can immediately reached by the Board.