FORM NO 6							DATE:		
FULL NAME OF WAREHOUSE OPERATOR									
WAREHOUSE OPERATION NUMBER.									
P.O. BOX									
	••	•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••		
То:	The Managing Director, Tanzania Warehouse Licensing Board, P.O.Box 38093, Dar es Salaam. twlbwrs@gmail.com To: Name of Depositor / Buyer, P.O.Box, Dar es Salaam								
WAREHOUSE RECEIPT DELIVERY REPORT (Made under Regulations 30(d) of Warehouse Receipt Regulation 2016)									
S. No	RE-	COMMO	ODITY	WRIN	COMMODITY		SHRIN	DISPOSITION OR RE-	
	CEIPT NO.	NO OF UNIT	QUAN- TITY		NO OF UNIT	QUANTI- TY	KAGE / LOSS	MARKS	
Total									
WRIN= Warehouse Receipt Issue Note									
Prepared	d by:								
Name Date									
Verified	by:								
Name			Signatu	ature Date					
Authoriz	zed by:								
Name Date									
CC: Any Financing Institution (s)									

Any Agent of the Depositor (s)
Any Government Office (Upon Request)