



iPosb
logistics

WE
WERE HERE

To enquire about your consignment, please drop by personally to our office to collect consignment which can only be released upon verification of your name with IC provided.

Receiver: _____

Date of attempted delivery: _____ Time: _____

Consignment No: _____ Date: _____

Staff ID: _____ ☐ Parcel ☐ Document

If your consignment is not claimed within 3 days from this notification, it will be returned to sender.

MANIFEST COPY ①



iPosb



Consignment No:		ACC No:	
SENDER	Signature:		
RECEIVER	Attn: Tel:		
Remark:			
<input type="checkbox"/> Document	PCS	KG	GM
<input type="checkbox"/> Parcel			
<input type="checkbox"/> Transport			

Company Stamp

DATE: TIME:

RECEIVED IN GOOD CONDITION

NAME: I.C. No:

RECEIVER COPY ④



iPosb



Consignment No:		ACC No:	
SENDER	Signature:		
RECEIVER	Attn: Tel:		
Remark:			
<input type="checkbox"/> Document	PCS	KG	GM
<input type="checkbox"/> Parcel			
<input type="checkbox"/> Transport			

Company Stamp

DATE: TIME:

RECEIVED IN GOOD CONDITION

NAME: I.C. No:

BILLING COPY ②



iPosb



Consignment No:		ACC No:	
SENDER	Signature:		
RECEIVER	Attn: Tel:		
Remark:			
<input type="checkbox"/> Document	PCS	KG	GM
<input type="checkbox"/> Parcel			
<input type="checkbox"/> Transport			

Company Stamp

DATE: TIME:

RECEIVED IN GOOD CONDITION

NAME: I.C. No:

SENDER COPY ⑤



iPosb



Consignment No:		ACC No:	
SENDER	Signature:		
RECEIVER	Attn: Tel:		
Remark:			
<input type="checkbox"/> Document	PCS	KG	GM
<input type="checkbox"/> Parcel			
<input type="checkbox"/> Transport			

Company Stamp

DATE: TIME:

RECEIVED IN GOOD CONDITION

NAME: I.C. No:

STATION COPY ③



iPosb



Consignment No:		ACC No:	
SENDER	Signature:		
RECEIVER	Attn: Tel:		
Remark:			
<input type="checkbox"/> Document	PCS	KG	GM
<input type="checkbox"/> Parcel			
<input type="checkbox"/> Transport			

Company Stamp

DATE: TIME:

RECEIVED IN GOOD CONDITION

NAME: I.C. No: