

# Manila Forwarders

4249 Eagle Rock Blvd, Los Angeles, CA 90065  
Tel No: 800-2101019 Fax No: 323-4781165  
www.manilaforwarder.com



## RETURNING RESIDENT FORM

Please provide the following information.

### SHIPPER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tel No \_\_\_\_\_ Fax No \_\_\_\_\_  
Email Address \_\_\_\_\_

### CONSIGNEE

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tel No \_\_\_\_\_ Alt No: \_\_\_\_\_  
Email Address \_\_\_\_\_

Container Size	_____	Quotation:	
Quantity	_____	Shipping Charges	_____
Declared Value	_____	Tax	_____
Citizenship	_____	Insurance	_____
Phil. Passport	_____	Total:	_____
US Passport	_____		_____
SSN	_____	Downpayment	_____

\*\*\*Please fax a copy of your passport and a list of all the items loaded in the container.

\_\_\_\_\_  
Customer's Name & Signature

\_\_\_\_\_  
Date