

PART A (To be completed by Requestor)
Type of Document

☐ Letter
 ☐ X-Ray
 ☐ Others (please specify)*
 ☐ Cheque

* _____

Specification of Despatch

☐ Delivery by Hand
 ☐ Collection by Hand
 ☐ Others (please specify)*
 ☐ Deposit of Cheque

* _____

Type of Despatch

☐ Routine Despatch
 ☐ Urgent Despatch

Destination of Despatch

Name (Mr/Ms) : _____ Department : _____

Company Name : _____ Tel. No : _____

Remarks / Additional Info : _____

Requestor Particulars

Name (Mr/Ms) : _____ Department : _____

Date & Time of Request : _____ Ext. No : _____

NOTE : FOR URGENT DESPATCH SERVICES PLEASE ALSO FILL THE FOLLOWING :

Justification : _____

HOD Sign : _____ Date & Time : _____

HOD Name : _____

PART B (To be filled in by Mail room staff)
Request Received & Recorded by :

Name (Mr/Ms) : _____ Date & Time : _____

GHS : _____ Sign : _____

Request Completed by :

Name (Mr/Ms) : _____ Date & Time : _____

GHS : _____ Sign : _____

Follow up Comments / Remarks : _____

Requires Further Action : _____
