

MEDICAL AID ABROAD  
P O Box 26 336  
Auckland, New Zealand 1344



### RECEIPT OF GOODS DECLARATION

When you have received your goods, please complete this form and return it to Medical Aid Abroad, New Zealand, at the above address.

Use the back of this page if you need more space to write.

If you would prefer to email this form, send a scanned version to [maa.akld@gmail.com](mailto:maa.akld@gmail.com)

Thank you for doing this for us.

Date goods despatched from MAA: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of User** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Country(District)** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Mobile Phone** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Your name:** \_\_\_\_\_ **Date shipment received** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Number of cartons** \_\_\_\_\_ **plus other stock** \_\_\_\_\_

**Condition of goods:** (Very good) (Adequate) (Damaged)  
(If stock was damaged, please tell us what caused the damage.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any others comments on packing:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Usefulness of these goods to your work:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By returning this form, it will help us provide the best service we can. Thank you.