



WAREHOUSE RECEIPTS REGULATORY BOARD

P.O. Box 38093, Dar es Salaam, Tanzania
 Tel: +255 2128691, Fax: +255 2128692
 Email: twlbwrs@gmail.com, Website: www.wrs.go.tz

THE QUALITY OF COMMODITY PARAMETERS ACKNOWLEDGEMENT FORM
 (Made under Regulation 37(d) of Warehouse Receipt Regulations 2016)

FULL NAME OF WAREHOUSE OPERATOR / COLLATERAL MANAGER _____ _____ _____	P.O.BOX..... STREET..... PLOT No..... TOWN.....
FULL NAME OF BUYER _____ _____ _____	P.O.BOX..... STREET..... PLOT No..... TOWN.....

1. Subject to subsection 37 Of the Warehouse Receipt Regulations 2016

I.....
(Full Name of the Authorized Staff of the Buyer)

Of Ms.....
(Full Name of Company)

2 The acknowledgement of the Buyer:-

- a. Knowing that I am lawfully entitled to the possession of the following goods, I acknowledged to have observed all the terms and conditions as indicated in the respective Warehouse Receipt (s), Tax Invoice, Release Warrant (s), and other statutory guidelines of the aforementioned commodity from this warehouse operators.
- b. I do hereby acknowledged to have received this commodity with all quality descriptions as the manner of the this law and other statutory guidelines do direct all parties to adhere at all stage of receiving from this warehouse operators.
- c. From the of signing this declarations form I confirm to be liable for any quality discrepancies which shall noticed by any government authority there after

Descriptions of Quality Parameter Received					
Sales Catalogue Number/Tax Invoice number / Release Warrant	Bags	Kilo-grams	Weight (Kgs)	Grade received	Other Remarks
Total					

3 Declaration of the Parties involved in this mis deliveries Claim Form:

“Knowing that refusal to sign this form or any false statements made herein shall amount to thievery action which is a criminal offense and thus liable for prosecution. I declare all statements made herein are true to the best of my knowledge. Further, as a condition of signing this form I have carefully read and agreed to comply with this Act”

FULL NAME OF AUTHORISED REPRESENTATIVE OF BUYER SIGNATURE and COMPANY STAMP DATE

FULL NAME OF WAREHOUSE MANAGER SIGNATURE and COMPANY STAMP DATE

5. **TERMS AND CONDITIONS OF CLAIM FORM:**
 This form must be fill in two copies (original - Buyer; Warehouse Operator