FORM NO 11

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

WAREHOUSE RECEIPT BOOK REQUISITION / RETURNING FORM

(Made under Section 5(c) of Warehouse Receipt Act No 10 of 2005 and 3 0f 2015)

1. REQUESTING / RETURNING INFORMANTION

Name of the Company:-----

Name of the Officer ;- -----

Box……..
Phone……..
Fax……...
E– mail……...
Website……..

Total number of New Books Requesting / Returning ……Signature……..

2. Assessment of issued Books by the Requesting officer

Total Books issued/ Received	Total Books used	Balance	Remarks

Name:…… Signature……..

3. Assessment of Payment by the Accounts Department

Due Amount to date (Tshs)	Payment to date (Tshs)	Balance	Remarks

Name:…… Signature……..

4. Approval from Head of Regulatory Services Department

A Total of ……...Books are Approved for Issuance /Received / Not Approved

Comments

……
……

Name……...Signature……..……...**Date**……..

5. Issuance / Received by Supply Unit (Head of Human Resource Department)

A Total of …… Books are Issued / Received on ……...as shown hereunder::-

Book Issued						Name of Receiving Officer	Signature
Sno	Start Receipt Number	End Receipt Number	Sno	Start Receipt Number	End Receipt Number		