

No costs after claim regarding duty to return

Return address

Contact information

To: *[enter name of carrier]*

Date:

Our ref.:

Your ref.:

Subject: No costs after claim regarding duty to return

File number Removal order/ M30 Aanwijzing terugvoerverplichting rederij:

Surname of inadmissible person:

First name of inadmissible person:

Date of birth:

On ... you received form "M30 Aanwijzing terugvoerverplichting rederij" concerning the aforementioned inadmissible person.

- I hereby inform you that the claim imposed on your transport company for the return of the aforementioned inadmissible person has been cancelled in full. No costs will be charged to your transport company.*
- I hereby inform you that your transport company has timely fulfilled the claim imposed on your company for the return of the aforementioned inadmissible person. No costs will be charged to your transport company.*

** only the information ticked is applicable*

Name of staff member KMar / ZHP

Signature:

Function:

Name KMar / ZHP