



REQUEST FOR APPEAL



If your claim has been denied and you would like to appeal, please complete the following and fax (403) 243-4662 or email clarke.katherine@cfmvm.com. A request for appeal form must be submitted in order for your file to be reviewed. For additional claims information go to www.cfmvm.com.

Please Print.

Company Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone No.: _____ Fax No.: _____

Contact Name: _____ Your Reference No.: (if applicable) _____

CF Managing Movement Invoice No.:

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OR

CF Managing Movement Claim No:

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Claim filed for: _____ Damage _____ Shortage

REASON(S) FOR APPEAL

Be as specific as possible, use another sheet if necessary

In addition, **do not dispose of the damaged article(s) or its' packaging until a CF Managing Movement representative advises you to do so.**

Office Use Only

Signature

Date

If you have any questions or concerns please call:
Katherine Clarke at 403-214-2248

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