LISTE DE DEMENAGEMENT

Nom : …..... Prénom :.....

| N° | DESIGNATION | N° | DESIGNATION |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Page ……/……**

Siège : : 6, Place Emile Sarradin Quartier Monselet 44000 Nantes – France
http://www.consulat-madagascargrandouest.fr/
nantes@consulat-madagascargrandouest.fr
TEL : 02 40 85 43 68
FAX : 09 71 27 66 57