



**MAIL REDIRECTION SERVICE ORDER FORM**

SingPost Contact Person:

**A. FOR BUSINESS APPLICATION** (up to 3 associated companies bearing the same address)

<b>Business/ Organisation's Name:</b>  1 _____  2 _____  3 _____	<b>Amount Paid:</b>    
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**B. FOR RESIDENTIAL APPLICATION**

Only matching names of persons listed below will be redirected (up to 6 names bearing the same address)

Name(s) included for Residential Application (in BLOCK LETTERS)	Signature	NRIC/ Passport No.

**C. BUSINESS/ RESIDENTIAL APPLICANTS TO COMPLETE**

<b>Applicant's Name</b>  <hr/> <b>Old Address (in BLOCK LETTERS)</b>  Singapore <input style="width:100px;" type="text"/> <hr/> <b>Period of Redirection Required</b>  <b>From:</b> <input style="width:100px;" type="text"/> D D M M Y Y Y Y  <b>To:</b> <input style="width:100px;" type="text"/> D D M M Y Y Y Y	<b>Applicant Contact Number:</b>  Office: _____ Fax No: _____ Mobile: _____ Email: _____  <hr/> <b>New Address (in BLOCK LETTERS)</b>  Singapore <input style="width:100px;" type="text"/>  <hr/> <b>No. of Months for Period of Redirection</b>  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
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Please mark 'X' in box where appropriate.

- I hereby give my consent to SingPost to share my new address with other postal licensees for the purposes of redirecting my mail.
- I do not wish to share my new address for redirection with other postal licensees.

**D. EARLY TERMINATION OF SERVICE (SUBJECT TO ADMINISTRATIVE CHARGES)**

**Mail Redirection Reference Number**

**Early Termination Date**           \* requires 1 (one) week notice.

D D M M Y Y Y Y

**E. CONFIRMATION OF SERVICES**

- 1) We/ I hereby certify that the above particulars are true and correct and that we are/ I am authorised/ have obtained consent from all concerned to request for the Mail Redirection Service.
- 2) We/ I have read the General Terms & Conditions and Mail Redirection Service Terms & Conditions and agree to abide by them.
- 3) We/ I agree that upon acceptance of this order form, this document shall constitute a fully binding agreement between ourselves/ myself and SingPost.

**PART I: ACCEPTING BRANCH TO COMPLETE**

Post Office Branch

Name of Delivery Base where Application Form is Despatched.

**Application/ relevant document(s) checked and in order:**

*(Please mark 'X' in box where appropriate)*

- An authorisation letter bearing letterhead or organisation stamp and duly signed by a Manager,
- NRIC/ Passport of Applicant,
- A Letter of Administration or Grant of Probate for a deceased person's mail.

Name of Accepting Officer

Signature of Accepting Officer

Date

**PART II: SERVING DELIVERY BASE TO COMPLETE**

**Reference No. Allocated**

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**Acknowledgement Card/ Instruction Issued On**

D	D	M	M	Y	Y	Y	Y		

**Period of Redirection Required**

From:

D	D	M	M	Y	Y	Y	Y		

To:

D	D	M	M	Y	Y	Y	Y		

Name of Delivery Operator

Signature of Delivery Operator

Date

**PART III: REDIRECTION/ RETENTION SECTION TO COMPLETE**

**Action Taken On**

D	D	M	M	Y	Y	Y	Y		