

Mail Retention Service Application Form

SingPost Contact Person:

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

Business/ Organisation's Name	Amount Paid
1 _____	
2 _____	
3 _____	

B. FOR RESIDENTIAL APPLICATION

Only matching names of persons listed below will be retained (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

Applicant's Name <hr/> Address (in BLOCK LETTERS) Singapore <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Applicant Contact Number: Office: _____ Fax No: _____ Mobile: _____ Email: _____ Period of Retention (up to 2 months) From: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y									D	D	M	M	Y	Y	Y	Y
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Please arrange for Registered Articles to be:
(Please mark 'X' in box where appropriate)

Upon expiry of service, I would like all retained mail to be:
(Please mark 'X' in box where appropriate)

- returned to sender after the normal 10 working days.
- retained for the full period applied for.

- collected at _____ Post Office (subject to approval)
- collected at _____ Delivery Base (subject to approval)
- delivered to the above address.

D. 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 Retention Service.
- 2) We/ I have read the General Terms & Conditions and Mail Retention 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.

 Name of Applicant

 NRIC/ Passport No. of Applicant (Country)

 Signature of Applicant/ Date

FOR OFFICIAL USE

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 Retention (up to 2 months)

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		