Singapore Post Limited
P.O. Box Section
10 Eunos Road 8
#05-37, Singapore Post Centre
Singapore 408600
Tel: 1605
Fax: (65) 6842 3776
(UEN: 199201623M)

POST OFFICE (P.O.) BOX / LOCKED BAG SERVICE APPLICATION FORM

IMPORTANT NOTES:

1. P.O. Box Number issuance is subjected to availablity.
2. Applicant will be notified on the outcome of application by mail.
3. If the application is placed on the waiting list as a result of the Service not being available at the location of the Customer's choice, an application fee of $10.70 (inclusive of GST) shall be payable. Once P.O. Box is available, application fee of $10.70 will be deducted from the Service Fee. For withdrawal of application, the amount will be refunded.
4. Annual Service fees is calculated from 1 April to 31 March of following year. Pro-rated fees would apply for shorter duration.
5. Computation of part/ full rental payment will commence on 1st day of the month in which the application form is received by SingPost, regardless of actual date of application.
6. The rights to the Services applied are not transferrable from person to person, company to company or from one location to another.
7. For corporate application, please note that applicant must be an Authorized Officer. A Business Registration Certification as well as authorisation letter bearing letterhead or organisation stamp which is duly signed by a Manager must be submitted along with the application form.

SingPost SalesPerson
(For Corporate Application)

A. TYPE OF SERVICE REQUIRED *(Please mark 'X' in box where appropriate)*

Type of Service Required (hereinafter referred to as "Service"):

- ☐ **P.O. Box**
  - ☐ **Standard**
  - ☐ **Large** *(if applicable)*
- ☐ **Locked Bag**

Name of Branch at which Service is Required: _____

Contract Start Date: _____ (subject to availability)

Contract Duration: ☐ **1 Year** ☐ **2 Years**

If service is not available at the Branch indicated above, this application is to be:

☐ **Placed on the waiting list** ☐ **Considered for alternative Branch at:**

B. MODE OF PAYMENT *(Please mark 'X' in box where appropriate)*

☐ **Cash** ☐ **NETS** ☐ **Credit Card** ☐ **Cheque No.** _____ ☐ **GIRO** (for subsequent Service renewal only)

C. FOR CORPORATE APPLICATION (Applicant must be an Authorised Officer)

Company's Name (IN BLOCK LETTERS):

Company Address:
Singapore ( )

Telephone No.:

Registration Certificate No.
(Please attach copy of the latest Business Registration Certificate for verification)

Correspondence Address (if different from above)**:**
Singapore ( )

Authorised Officer's Name:
*(Dr/ Mr/ Miss/ Mrs/ Mdm/ Ms)

Designation:

Correspondence Contact No.
Office: _____
Mobile: _____
Fax: _____

Nationality:

Correspondence Email:

D. FOR INDIVIDUAL APPLICATION

Applicant's Name (as in NRIC/ Passport, IN BLOCK LETTERS)
*(Dr/ Mr/ Miss/ Mrs/ Mdm/ Ms)

Residential Address:
Singapore ( )

Nationality:

Correspondence Address (if different from above)**:**
Singapore ( )

Occupation:

Correspondence Contact No.
Office:
Mobile:

Correspondence Email:

E. AGREEMENT BY CONTRACTING PARTY

1) I hereby certify that the above particulars are true and accurate.
2) I agree that the contract between SingPost and us / me for the supply of services by SingPost shall comprise the following documents:
   (a) This executed Service Order Form;
   (b) SingPost's General Terms and Conditions;
   (c) SingPost's Service Terms and Conditions applicable to this service; and
   (d) The executed Service Application Form for this service.

   The above-mentioned documents shall be collectively referred to as "Contract Documents" in this Form and are available on SingPost website.
3) I agree that upon acceptance of this application form, this document shall constitute a fully binding agreement between myself and SingPost. By signing on the consent below, I confirm that I agree that SingPost shall not be liable for any omissions, false or incorrect information given by me under this application and I will indemnify the SingPost for any claims arising from this application.

Applicant's/ Authorised Officer's Signature _____ Date _____ Company's Stamp (if applicable) _____