Singapore

Singapore Post Limited (Reg. No. 199201623M)

Mail Redirection & Retention Section 10 Eunos Road 8 #05-37, Singapore Post Centre Singapore 408600 Tel: 1605 Fax: (65) 6842 3776 Email: g-pobox@singpost.com

MAIL RETENTION SERVICE ORDER FORM

				SingPost Contact Person:																									
A.	A. FOR BUSINESS APPLICATION (up to 3 associated companies bearing the same address) Note: i) Mail addressed to a central point or to several tenants in the same premise will not be acccepted ii) Mails containing exact name(s) of company stated below, whether by 'care of' (i.e. c/o), 'Attn to' or otherwise, will be redirected. iii) Business Registration Certificate, an authorization letter bearing the entity's name and rubber stamp and must be duly signed by any manager, director, or									r or																			
			partne	r of the	entity.	Cerum	cale, an a	iuliio	rizatiori i	eller l	Jearn	ig ui	e enuty	S IIai	IIC a	na rub	ber s	slaii	ір апс	i iiius	l De l	uiy .	sigi	ieu D	y arry	IIIa	riager,	unecic	r, or
BRI	١	Compa	<u>:</u>																										
Nan BRN		of Company : :																											
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В.							(up to 6 i																						
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Additional Applicants full name(s) (as shown in NRIC or passport) include LETTERS) Note: Only mail bearing the exact permutation of applicant(s) name will be re-																		Signature of each additional Applicant Note: Applicant below 18 years old must get their parent / legal guardian to sign on their behalf											
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	C. BUSINESS/ RESIDENTIAL APPLICANTS TO COMPLETE Applicant's Full Name (as shown in NRIC or Passport) Applicant Contact Number: Overseas Local																												
								Office: (Country Code)																					
							Mobile:]-									Ţ								
							Fax No: Email:																						
Add	Address (in BLOCK LETTERS) Period of Retention (up to 2 months)																												
Note: Service may commence only as early as 2 working days after SingPost's																													
Street Address:							From:																						
Unit Number:							D					М	N	1 Y	Υ	Υ	Υ												
							То:																						
					Singap	ore										D D	М	N	1 Y	Υ	Υ	Υ							
	Upon expiry of service, I would like all retained mail to be: Note: All Registered Items will be retained for full period applied.																												
(Please mark 'X' in box where appropriate)								delivered to letter to the second sec																					
	collected at Post Office (subject to approval) delivered to letterbox as per 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 to and we/I have obtained consent from all concerned to request for the Mail Retention Service.																													
 We/ I acknowledge that SingPost will require additional 1 to 2 working days to process the received mail items, which will thereafter be delivered according to the delivery standard applicable to each mail type. 																													
3) We/ I have read the General Terms & Conditions and Mail Retention Service Terms & Conditions and agree to abide by them.																													
4) We/I agree that upon acceptance of this application form, this document shall constitute a fully binding agreement between ourselves/ myself and SingPost. By signing on the consent below, we/I confirm that we/I agree that SingPost shall not be liable for any omissions, false or incorrect information given by me/us under this application form and we/I will indemnify SingPost for any claims arising from this application.																													
Nan	ne of	Applican	t			_			Signatu	re of	Appli	cant/	Date				-			**R	ubbe	r star	mp	impri	nt rec	quire	ed for c	orpora	е
									5											cust	ome	rs	Ма	ıil Re	tentic	on V	.20220)4	

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)											
Business Registration Certificate, an authorization letter bearing the entity's name and rubber stamp and must be duly signed by any manager, director, of the entity.											
Verified the Applicant and all additional applicants' names and address against all supporting documents.											
Verified a Letter of Administration or Grant of Probate for a deceased person's mail.											
Name of Accepting Officer Signatu	Name of Accepting Officer Signature of Accepting Officer Date										
PART II: SERVING DELIVERY BASE TO COMPLETE											
Reference No. Allocated	Period of Retention Req	uired									
	From:	M M Y Y Y									
Acknowledgement Card/ Instruction Issued On											
D D M M Y Y Y Y	To:	M M Y Y Y									
Name of Delivery Operator Signatu	re of Delivery Operator	Date									
PART III: REDIRECTION/ RETENTION SECTION TO COMPLETE											
Action Taken On											
D D M M Y Y Y		Mail Retention V.202204									