Singapore Post Limited (Reg. No. 199201623M)

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



POST OFFICE (P.O.) BOX SERVICE APPLICATION FORM **SingPost Contact Person: IMPORTANT NOTES:** 1. P.O. Box Number issuance is subjected to availablity. 2. 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 S\$10.00 (exclusive of GST) shall be payable. Once P.O. Box is available, application fee will be deducted from the Service Fee. For withdrawal of application, the amount will be refunded. 3. Annual Service fees is calculated from 1 April to 31 March of following year. Pro-rated fees would apply for shorter duration. 4. Computation of partial/full rental payment will commence on the first day of the month in which the Application Form is received and processed by SingPost and a P.O. Box Number allocated to the Customer (as the case may be), regardless of the actual date of application. 5. Prior to application, the Customer is responsible to ensure that P.O Box address is fit to the purpose of their requirements. Please note that this service is non-transferrable and subscription fee is strictly non-refundable. 6. For corporate application, please note that applicant must be an Authorized Officer. A Business Registration Certification as well an authorization letter bearing the entity's name and rubber stamp and must be duly signed by any manager, director, or partner of the entity must be submitted along with the application form. 7. Payment can be made via CASH, NETS and CREDIT CARDS. Please note that GIRO payment is only applicable for renewal of service. For GIRO request, please approach any Post Office for the GIRO form and to submit the completed form at least 3 months prior to the service expiry. (Field marked with \* is mandatory) TYPE OF SERVICE REQUIRED (Please mark 'X' in box where appropriate) Type of Service Required\* (hereinafter referred to as "Service"): Name of P.O Box Branch\*: (subject to availability) Start of Service Month\*: **Standard** Large (if applicable) Service Duration\*: 1 Year 2 Years (Note : By default, service will commence on the date of application. For alternative start date, please select "Placed on the waiting list" option) If Service is not available at the Branch indicated above, this application is to be\*: **Considered for alternative Branch at:** Placed on the waiting list FOR RESIDENTIAL APPLICATION Applicant's Name\* (as in NRIC/ Passport, IN BLOCK LETTERS) **Contact Details:** \*(Dr/ Mr/ Miss/ Mrs/ Mdm/ Ms) Mobile\*: Occupation: Email\*: Nationality: Residential Address as stated in NRIC / Passport\*: Correspondence Address (if different): Singapore ( Singapore (

Registration Certificate No.\*:

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

**Contact Details:** 

Mobile\*:

E-mail\*:

**Designation:** 

|Nationality:

Office:

Fax:

## D. AGREEMENT BY CONTRACTING PARTY

Company's Name\* (IN BLOCK LETTERS):

Correspondence Address (if different):

Company Address\*:

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

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FOR CORPORATE APPLICATION (Applicant must be an Authorised Officer)

The above-mentioned documents shall be collectively referred to as "Contract Documents" in this Form and are available on SingPost website.

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.

Name of Applicant	Signature of Applicant/Authorised Officer & Date	Rubber stamp imprint (For Corporate customer only)

P.O Box Service v202307