



Singapore Post Limited
 Mail Redirection & Retention Section
 10 Eunos Road 8
 #05-37, Singapore Post Centre
 Singapore 408600
 Tel: 1605
 Fax: (65) 6842 3776
 (Reg. No. 199201623M)

MAIL RETENTION SERVICE ORDER FORM

SingPost Contact Person:

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 accepted
ii) Authorisation letter bearing letterhead and/or organisation stamp, duly signed by a Manager must be provided.

Name of Company :	Amount Paid:
BRN :	
Name of Company :	
BRN :	
Name of Company :	
BRN :	

B. FOR RESIDENTIAL APPLICATION (up to 6 matching names bearing the same address)
Note: i) Applicant must bring along original NRIC, passport, birth certificate or other identification documents of himself or herself (together with that of the additional Applicants, photocopied) for onsite verification.

Additional Applicants full name(s) (as shown in NRIC or passport) included for Residential Application (in BLOCK LETTERS)	Signature of each additional Applicant Note: Applicant below 18 years old must get their parent / legal guardian to sign on their behalf

C. BUSINESS/ RESIDENTIAL APPLICANTS TO COMPLETE

Applicant's Full Name (as shown in NRIC or Passport)	Applicant Contact Number: <input type="checkbox"/> Overseas <input type="checkbox"/> Local (Country Code) Office: [][][] - [][][][][][][][][][] Mobile: [][][] - [][][][][][][][][][] Fax No: [][][] - [][][][][][][][][][] Email: _____
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Address (in BLOCK LETTERS) <i>Note: Service may commence only as early as 2 working days after SingPost's receipt of the application</i> Street Address: _____ _____ Unit Number: _____ Singapore [][][][][][][][]	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
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Please arrange for Registered Articles to be: (Please mark 'X' in box where appropriate) <input type="checkbox"/> returned to sender after the normal 10 working days. <input type="checkbox"/> retained for the full period applied for.	Upon expiry of service, I would like all retained mail to be: (Please mark 'X' in box where appropriate) <input type="checkbox"/> collected at _____ Post Office (subject to approval) <input type="checkbox"/> delivered to the above address.
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D. EARLY TERMINATION OF SERVICE (SUBJECT TO ADMINISTRATIVE CHARGES)

Mail Retention Reference Number [][][] [][][][][][][][][][] [][][][][][][][][][]

Early Termination Date [][][][][][][][][][] * requires 1 (one) week notice.
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E. 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.

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 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 and we/I will indemnify the SingPost for any claims arising from this application.

Name of Applicant _____ Signature of Applicant/ Date _____ **Rubber stamp imprint required for corporate customers

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.
- 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

Signature of Accepting Officer

Date

PART II: SERVING DELIVERY BASE TO COMPLETE

Reference No. Allocated

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Acknowledgement Card/ Instruction Issued On

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D D M M Y Y Y Y

Period of Redirection Required

From:

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D D M M Y Y Y Y

To:

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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

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