



Singapore Post Limited
 Mail Redirection & Retention Section
 10 Eunos Road 8
 #05-37 Singapore Post Centre
 Singapore 408600
 Tel: (65) 6845 6638
 Fax: (65) 6841 3843
 (Reg. No. 199201623M)

Mail Redirection Service Application Form

SingPost Contact Person:

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

Business/ Organisation's Name

1 _____
 2 _____
 3 _____

Amount Paid

B. FOR RESIDENTIAL APPLICATION

Only matching names of persons listed below will be redirected (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

Old Address (in BLOCK LETTERS)

Singapore

New Address (in BLOCK LETTERS)

Singapore

Period of Redirection Required

From:
 D D M M Y Y Y Y

To:
 D D M M Y Y Y Y

No. of Months for Period of Redirection

1 2 3

4 5 6

Please mark 'X' in box where appropriate.

- I hereby give my consent to SingPost to share my new address with other postal licensees for the purposes of redirecting my mail.
 I do not wish to share my new address for redirection with other postal licensees.

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

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 Redirection Required

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		