



APPLICATION FOR LETTER BOX RENTAL

Please Complete in Block Letters

Personal /Business /Government (P/B/G) Preferred location

Applicant Name (individual, company, ministry/department applying)

Name (if applying on behalf of company)

Address

Telephone (Work) (Mobile)

Email ID Type & No.
(PP / DL / VR / NH)

Associated Box Users

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Contact Number

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Signature of Letter Box Holder(s)

Name(s) in Block Letters

**If you are applying on behalf of an organization, this form must be counter-signed by a Director, partner or officer of the organization and a valid ID and Trade Licence must be attached.*

**For a personal letter box please attach valid ID.*

OFFICE USE ONLY

Letter Box # <input type="text"/>	New / Change <input type="checkbox"/>	Location <input type="text"/>
Date <input type="text"/>	Approved by <input type="text"/>	