APPLICATION FOR THE REDIRECTION OF MAIL

(Enquire from the Branch Manager for the applicable rates)

Post Office South Africa

PLEASE UPDATE YOUR DETAILS BELOW.
KEEP IN MIND, THE MORE INFORMATION YOU PROVIDE, THE EASIER IT WOULD BE FOR US TO PROVIDE YOU WITH BETTER SERVICE.

TELL US ABOUT YOURSELF

ID NUMBER

TITLE

INITIALS

FIRST NAME(S)

SURNAME

TELEPHONE (H)

TELEPHONE (W)

CELL PHONE NUMBER

E-MAIL ADDRESS

TELL US ABOUT YOUR ADDRESS

REDIRECTION DATE: FROM **TO** **REDIRECTION PERIOD** **MONTHS**

Old / Current Address

HOME / RESIDENTIAL ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2

SUBURB

CITY / TOWN

POST CODE

PROVINCE

POSTAL ADDRESS (ONLY REQUIRED IF DIFFERENT TO RESIDENTIAL)

BOX / PRIVATE BAG NUMBER

COLLECTION POINT / NAME OF POST OFFICE

POST CODE

PROVINCE

New / Redirection Address

HOME / RESIDENTIAL ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2

SUBURB

CITY / TOWN

POST CODE

PROVINCE

POSTAL ADDRESS (ONLY REQUIRED IF DIFFERENT TO RESIDENTIAL)

BOX / PRIVATE BAG NUMBER

COLLECTION POINT / NAME OF POST OFFICE

POST CODE

PROVINCE

I/We hereby give permission that my / our information be made available to clients / business for promotional and / or verification purposes. YES NO

..... Signature

..... Date

PLEASE HELP US TO HELP YOU - the quality and completeness of the above information will assist the Post Office in its efforts to provide an excellent postal service.

CHANGE OF CONTACT DETAILS

Post Office South Africa

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PREVIOUS

ID NUMBER

TITLE INITIALS

FIRST NAME(S)

SURNAME

TELEPHONE (H) TELEPHONE (W)

CELL PHONE NUMBER

E-MAIL ADDRESS

CURRENT

ID NUMBER

TITLE INITIALS

FIRST NAME(S)

SURNAME

TELEPHONE (H) TELEPHONE (W)

CELL PHONE NUMBER

E-MAIL ADDRESS

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Signature Date

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