

Please use **black ink** and print within the boxes in **BLOCK LETTERS**.
Please leave spaces between words. Use crosses in boxes marked with an

Application to Redirect Mail



1. Are you redirecting mail for **private individuals** **concession** **deceased estate** **business / organisation** ABN

2. **Start date** of your Mail Redirection service - allow **three full working days** (Mon to Fri) **after lodgement** for the service to start

3. **Finish date:** If **you are not returning** to your old address (permanent move) - service is to finish after: 1 month 3 months 6 months 12 months
OR
If **you are returning** to your old address at the end of the service (temporary move) - service is to finish on

4. **Old mailing address** **New mailing address**
Suburb State Postcode Country (other than Australia)
If **you already have a current redirection service** for this old address, please cancel the existing service before lodging this application.

5. **Full name of each person or business / organisation covered by this application**
Title (Mr, Mrs etc) Business / Surname (include maiden name, if applicable) Given names (in full) Cross if aged 18 or over *Sign here for Free Address Update service

* **Free Address Update service.** We are able to provide certain service providers with whom you have an existing relationship, with your updated details to ensure their records are up-to-date. Each person on the form that would like to make use of the service simply needs to sign in their respective box.

As part of your Mail Redirection service we may provide information from Australia Post and other organisations via mail on products and services - including offers and discounts. Where this takes place, you will be provided with the choice to opt-out from receiving such information in future.

6. At your new mailing address, please cross if you are renting have bought or other I would like to receive the aforementioned information on products and services via SMS.
This **optional** information is used to provide more appropriate offers, discounts and product and services from Australia Post and other organisations.

7. Details of the person lodging this form
Title (Mr, Mrs etc) Business / Surname (include maiden name, if applicable) Given names (in full)

By giving us your email address, we can provide information about products and services from Australia Post and other organisations via email.
E-mail address
Area code Daytime phone Area code After hours phone Mobile phone

8. **Declaration by the person lodging this form** - I have **authority** to include the people listed above. I understand it is a **criminal offence** to redirect a person's mail without their authority or to give Australia Post false or misleading information. I have read and understood the **terms and conditions**.
Signature Date

Office use only

- Checklist**
 Q1 Selected one or more
 Q2 Allow **3 full working days**
 Q3 Details for perm / temp correct
 Q4 Info legible, containing street no. & name, locality, state & postcode
 Q5 Complete and legible; if no signature, confirm with customer
 Q6 If not ticked, confirm with customer
 Q7 Name legible, at least one phone no.
 Q8 Signed and dated

Photo ID (driver licence or passport)
ID type:
No:

or 2 forms of document ID (which show name, address and signature)
ID type:
No:
ID type:
No:

Do not record payment card no.
If applicable, document sighted & copies attached
 Concession card Written authority
 Stat dec Business reg docs

Charge category
Destination: Domestic Overseas
Customer type: Private Concession Business
Reason code: PO Box Deceased AP staff Natural disaster
APS No.

Amount Paid \$
 Attach receipt to customer copy and attach copy of receipt to the **back** of the LH corner of this sheet (not on the barcode corner)
 Advise customer to keep copy/CRN

DATE STAMP

Accepting officer's name

