

# MailboxCSBS

Tel: 029 2085 1681 E-mail: admin@mailboxcsbs.co.uk Web: www.mailboxcsbs.co.uk

## **Business Mailbox Application**

**Date:** ...../...../.....

**Company Name:** .....

**Business Style:** Please tick 1 **Registered No.** .....

Limited	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trading As	<input type="checkbox"/>	Other	<input type="checkbox"/>
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**Business Address:** .....

**Town:** ..... **County:** .....

**Country:** ..... **Postcode / Zip code:** .....

**Tel:** ..... **email:** .....

### **Business Owner / Director 1**

**Title..... First Name (s)..... Surname (s).....**

**Address** .....

**Town** ..... **County** ..... **D/O/B:** ...../...../.....

**Country** ..... **Postcode/Zip code** .....

**Home Tel:** ..... **Occupation:** .....

**Mobile:** ..... **email:** .....

### **Business Owner / Director 2**

**Title..... First Name (s)..... Surname (s).....**

**Address** .....

**Town** ..... **County** ..... **D/O/B:** ...../...../.....

**Country** ..... **Postcode/Zip code** .....

**Home Tel:** ..... **Occupation:** .....

**Mobile:** ..... **email:** .....

### **Proof of Identification**

We must have one photo proof of ID – Passport / Driving license

<b>PASSPORT</b>	<input type="checkbox"/>	<b>DRIVING LICENSE</b>	<input type="checkbox"/>
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### **Mailbox Type**

Please select the type of box you require:

<b>STANDARD</b>	<input type="checkbox"/>	<b>PREMIUM</b>	<input type="checkbox"/>	<b>GOLD</b>	<input type="checkbox"/>
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### **Mailbox Term**

Please select the contract period required:

Please note the minimum rental period for the **Gold Mailbox** service is 6 months

<b>Monthly</b>	<input type="checkbox"/>	<b>3 Months</b>	<input type="checkbox"/>	<b>6 Months</b>	<input type="checkbox"/>	<b>12 Months</b>	<input type="checkbox"/>
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**Registered Office & Directors Service Address**

Free Registered Office with all 12-month mailbox rental on **Premium** and **Gold Mailbox** only

<b>Free Registered Office</b>	<b>Yes</b>	<b>No</b>
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<b>Registered Office</b>	<b>Yearly £20.00</b>	<b>Directors Service Address £10.00</b>
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**Mail Forwarding**

Please confirm if you require mail forwarding, if yes please indicate the frequency required:

<b>Yes</b>	<b>No</b>	<b>Deposit £10.00 Paid</b>
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**Frequency**

<b>Daily</b>	<b>Weekly</b>	<b>Fortnightly</b>	<b>Monthly</b>	<b>On Request</b>
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**Authorisation to sign for deliveries**

I / We hereby authorise CSBS to accept and sign for delivers where a signature is required

**Sign** ..... **Print Name** .....

**Position:** .....

**Terms & Conditions**

Please sign below to confirm that you have read and agree to CSBS Terms & Conditions of Business

**Sign** ..... **Print Name** .....

**Position:** .....

Please provide any additional information below:

**Office Use**

**Authorised** ..... **Declined** .....

**Signed** ..... **Print Name** .....