

## Application for Personal Mailbox Services.

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

Please enter your details below (Please complete a separate application for each name assigned to your Mailbox).

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

Address .....

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

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

Home Tel: ..... Work Tel: .....

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

### **Proof of Identification**

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

PASSPORT	<input type="checkbox"/>	DRIVING LICENSE	<input type="checkbox"/>
----------	--------------------------	-----------------	--------------------------

### **Mailbox Type**

Please select the type of box you require

STANDARD	<input type="checkbox"/>	PREMIUM	<input type="checkbox"/>	GOLD	<input type="checkbox"/>
----------	--------------------------	---------	--------------------------	------	--------------------------

### **Mailbox Term**

Please select the contract period required.

Please note minimum rental on **Gold Mailbox** is 6 months

Monthly	<input type="checkbox"/>	3 Months	<input type="checkbox"/>	6 Months	<input type="checkbox"/>	12 Months	<input type="checkbox"/>
---------	--------------------------	----------	--------------------------	----------	--------------------------	-----------	--------------------------

### **Mail Forwarding**

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Deposit £10.00 Paid	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	---------------------	--------------------------

### **Frequency**

Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	On Request	<input type="checkbox"/>
-------	--------------------------	--------	--------------------------	-------------	--------------------------	---------	--------------------------	------------	--------------------------

### **Authorisation to sign for deliveries**

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

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

### **Terms & Conditions**

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

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

# MailboxCSBS

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

---

Please provide any additional information below:

---

**For Office Use:**

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

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