



POST OFFICE BOX APPLICATION

Lease Period Extension Cancellation Change Lock

APPLICANT INFORMATION

NAME OF THE LESSEE: _____

First Middle Last

ADDRESS _____

MOBILE NO: _____

TELEPHONE NO: _____

EMAIL (Optional) _____

NAME OF THE COMPANY (If lessee is a company) _____

First Middle Last

ADDRESS OF THE COMPANY _____

*REGISTRY NO:

MOBILE NO: _____

* NAME OF THE DIRECTORS _____

TELEPHONE NO: _____

EMAIL (Optional) _____

I here by agree and accept the terms and conditions on the lease of Post Office Box overleaf.

NAME _____

First Middle Last

*DESIGNATION (If lessee is a company) _____

*COMPANY STAMP

SIGNATURE _____

FOR OFFICE USE ONLY.

Post office box Number _____ Extend: (FROM) _____ (TO) _____

Leased: (FROM) _____ (TO) _____

Cancelled Date: _____

Name of the staff: _____

Signature: _____

Rent Paid
MVR: _____

Amount paid for change Lock
MVR: _____

Authorized By: _____
(If leasing or Cancelling.)

* To be filled if requesting for allocation of P.O.Box

