

Application for Trust Mailbox Services.

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

Please enter your details below.

Trust Name.....

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

Address

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

Country Postcode/Zip code

Home Tel: Work Tel:

Mobile: email:

Additional Name on Account if applicable (If you wish to add more than one additional name please complete and return a separate application form):

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		DRIVING LICENSE	
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Mailbox Type

Please select the type of box you require

STANDARD		PREMIUM		GOLD	
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Mailbox Term

Please select the contract period required.

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

Monthly		3 Months		6 Months		12 Months	
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Mail Forwarding

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

Yes		No		Deposit £10.00 Paid	
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Cont.

MailboxCSBS

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

Frequency

Daily		Weekly		Fortnightly		Monthly		On Request	
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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**

Please provide any additional information below:

For Office Use:

Authorised **Declined**

Signed **Print Name**