

# POST FIJI LIMITED



## APPLICATION FOR PRIVATE LETTER BOX/ PRIVATE MAIL BAG OR OTHER RELATED SERVICES

FULL NAME OF APPLICANT  (If Company or Organisation please Enter Full Registered Title)	Mr.  Mrs.  Miss.			
PRESENT POSTAL ADDRESS <i>(If Applicable)</i>				
RESIDENTIAL ADDRESS  (If applying for a Business Box please enter full Business Address with Phone contact)	Home:  Business:  Phone:			
POST OFFICE AT WHICH PRIVATE LETTER BOX/ BAG REQUIRED				
DETAILS OF SERVICES REQUIRED: Application for a Private Letter Box/ Bag Request for Change of Lock Request for Additional Key <i>(Please tick appropriate box)</i>	<table style="margin-left: auto; margin-right: auto;"> <tr><td style="width: 30px; height: 25px; border: 1px solid black;"></td></tr> <tr><td style="width: 30px; height: 25px; border: 1px solid black;"></td></tr> <tr><td style="width: 30px; height: 25px; border: 1px solid black;"></td></tr> </table>			
DO YOU ALREADY HAVE A PRIVATE LETTER BOX?  <i>(Please tick appropriate box)</i>	Yes <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/>  No <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/>  If Yes, Box Number ..... At which Post Office .....			
DECLARATION  <div style="border: 1px solid black; width: 100%; height: 150px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">                         Company Stamp of Seal                     </div> </div>	I hereby agree in advance to all charges made by the company in connection with the above services and to comply with the Post Office Regulations for the time being in force.  Signature .....  Name and Designation ..... <b>(For Businesses only)</b> ..... .....			