

ORIGINAL

Application to Redirect Mail



*221 10093974 2

1 **Start date** of your Mail Redirection service allow **3 full working days** (Monday to Friday) **after lodgement** for the service to start

2 **Finish date:** For a **PERMANENT** move (**not** returning to the old address) service is to finish after: 1 month 3 months 6 months 12 months
OR
For a **TEMPORARY** move (**returning** to the old address at the end of service) service is to finish on

3 **OLD** mailing address

NEW mailing address

SUBURB			
STATE		POSTCODE	

SUBURB			
STATE		POSTCODE	
COUNTRY (other than Australia)			
OVERSEAS ZONE:		ASIA PACIFIC <input type="checkbox"/>	REST OF WORLD <input type="checkbox"/>

If **you already have a current redirection service** for this old address, please cancel the existing service before lodging this application.

4 **FULL NAME** of **each** person or business/organisation covered by this application

TITLE (MR, MRS etc)	SURNAME (include maiden name, if applicable)	GIVEN NAMES (in full)	TICK IF AGED 18 OR OVER	SIGN TO NOTIFY ORGANISATIONS
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

We can **notify organisations** who deal with Australia Post of your **new** mailing address. We only notify those organisations who already know your name and old address. **Each person** who wants this **free service** must sign above. (See **Free Address Update service**)

5 Are you redirecting mail for (tick all applicable): **deceased estate** **private individuals** **business/organisation** ABN

6 As part of your Mail Redirection service, we can send you **valuable information** which can help you in your new home such as free offers, discounts, and information about other products and services from Australia Post and participating businesses. **Tick** if you do **not** want to receive this free information.

7 Details of the person lodging this form

TITLE	SURNAME	GIVEN NAMES (in full)
E-MAIL ADDRESS <input type="text"/>		
DAYTIME PHONE (STD)	AFTER HOURS PHONE (STD)	
MOBILE PHONE <input type="text"/>	To help you in your new home, we can SMS you with free offers, discounts and information about other products and services from Australia Post and participating businesses. Tick here to receive offers. <input type="checkbox"/>	

By giving us your e-mail address, we can provide valuable information to help you in your new home.

8 **Declaration by the person lodging this form**

I have **authority** to include the people listed above. I understand it is a **criminal offence** to redirect a person's mail without their authority or to give Australia Post false or misleading information. I have read and understood the **terms and conditions** (on the back of the customer copy).

Signature

Date

CRN:

OFFICE USE ONLY

Checklist

Q1 Allow **3 full working days**

Q2 Details for perm/temp correct

Q3 Info legible, containing street no. and name, locality, state and postcode

Q4 Complete and legible; if no signature, confirm with customer

Q5 Selected one or more

Q6 If not ticked, confirm with customer

Q7 Name legible, at least one phone no.

Q8 Signed and dated

Photo ID — driver's licence or passport
ID Type:
ID No:

OR 2 forms of document ID which show name, address and signature
ID Type:
No:
ID Type:
No:

If applicable, document sighted and copies attached

Concession card Written authority

Stat dec Business reg docs

Charge category

Other Service delivery

Business Box diversion

Concession Deceased estate

Staff Bankruptcy trustee

Asia Pacific Rest of World

Amount paid \$

Attach receipt to customer copy, and attach copy of receipt to the **back** of the LH corner of this sheet (not on the barcode corner)

Advise customer to keep copy/CRN

DATE STAMP

Accepting officer's name

CUSTOMER COPY

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3 OLD mailing address

SUBURB			
STATE		POSTCODE	

NEW mailing address

SUBURB			
STATE		POSTCODE	
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DAYTIME PHONE (STD) AFTER HOURS PHONE (STD)

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Signature Date / /

Customer Reference No.
 CRN:

After you have lodged **both** copies, this copy will be given to you to **keep** for your records and for any enquiries

Customer Enquiries

13 13 18
 (within Australia)

or visit
 www.auspost.com.au/
 movingservices

Quote your Customer Reference No.

Amount paid \$

DATE STAMP