Please use **black ink** and print within the boxes in **BLOCK LETTERS.**Please leave spaces between words. Use crosses in boxes marked with an

Application to Redirect Mail



Please leave spaces between	words. Use crosses in boxes marked with	an Application t	to Redirect Mic	All all	
Are you redirecting mail for (cross all if applicable) Start date of your Mail Re	individuals Concession	deceased business / organisation ing days (Mon to Fri) after lodgement for the s	ABN service to start	MVVVV	Office use only (Non EPOS use only)
3. Finish date: If you are rOR If you are rOR 4. Old mailing address	Checklist Q1 Selected one or more Q2 Allow 3 full working days Q3 Details for perm / temp correct Q4 Info legible, containing street no name, locality, state & postcode Q5 Complete and legible; if no signature, confirm with custome				
Suburb State	Postcode	Suburb State	Postcode		Q6 If not ticked, confirm with custome Q7 Name legible, at least one phone no Q8 Signed and dated Photo ID (driver licence or passport) ID type:
If you already have a curren	it redirection service for this old addresvice before lodging this application.	Country (other than Australia)			No: or 2 forms of document ID (which show name, address and signature)
Title (Mr, Mrs etc) Business / 6. Organisations requesting Tick here if you want Aus you and each person nar	stralia Post to give the new address deta med on the application are permanent m		has that name and old address. By t		ID type: No: ID type: No: Do not record payment card no. If applicable, document sighted & copies attache Concession Written authority Stat dec Business reg doc Charge category Destination Customer type Reason co Domestic Private PO Box Overseas Concession Decease Business AP staff Natural disaster
7. Details of the person lodgi	Amount Paid \$				
Title (Mr, Mrs etc) Business / E-mail address*	Surname (include maiden name, if appl	icable) Given names (in full)			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
you will be provided with the chabout products and services from 8. Declaration by the perso	Service we may provide information from A pice to opt-out from receiving such informa		nail address and mobile phone number naterial contained within the Mail Redi	s and discounts. Where this takes place, r (optional), we can provide information	DATE STAMP
	to give Australia Post false or misleading			DD MM YYYY	Accepting officer's name

		Application	ii to Redirect iv		
	private individuals concession	deceased business / organisation	n X h ABN		
2. Start date of your Mail Redirec	tion service - allow three full wo	rking days (Mon to Fri) after lodgement fo	or the service to start	MMYYYY	
3. Finish date: If you are <u>not</u> re	eturning to your old address (perr	nanent move) - service is to finish after: 1 m	nonth X 3 months X 6 mon	ths X 12 months X	Pleαse keep — this copy for your
	ning to your old address at the er	nd of the service (temporary move) - service	is to finish on	MMYYYY	records and for any
4. Old mailing address		New mailing address	enquiries.		
					Look out for your
Suburb		Suburb			invitation to
State	Postcode	State	Postcode		extend your Mail
If you are a dealer have a command on all		Country (other than Australia)		Redirection service
If you already have a current red iplease cancel the existing service b		ess,			before the service
5. Full name of each person or bu	Cross if aged	expiry date.			
Title (Mr, Mrs etc) Business / Surno	ame (include maiden name, if app	olicable) Given names (in full)		18 or over	
				X	
				X	Customer enquiries
				X	A 101010
				X	13 13 18
				X	(within Australia)
				X	or visit
6. Organisations requesting add	trace undates				auspost.com.au/mail-redirec
Tick here if you want Australia	Post to give the new address det	tails to organisations that ask us to update			
		movers and the requesting organisation alr alf to Australia Post disclosing their details to		by ticking here you confirm that each	
7. Details of the person lodging this	s form				
Title (Mr, Mrs etc) Business / Surno	ame (include maiden name, if ap	plicable) Given names (in full)			Amount Paid \$
E-mail address*					
Area code Daytime phone		Area code After hours phone	Mobile	phone*	
you will be provided with the choice to	opt-out from receiving such inform	n Australia Post and other organisations via m nation in the future. *If you choose to provide y s via email and/or SMS. This may include mark	our email address and mobile phone num	nber (optional), we can provide informa	tion
8. Declaration by the person lodg	ging this form - I have authority	to include the Signature			

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**.