

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

Application to Alter / Cancel



Any information provided in this form is subject to the original Mail Hold/Mail Redirection terms and conditions including those relating to personal information usage as noted in your original application.

Please note: If you wish to change your Mail Redirection Service to a **new address**, use this form to cancel your existing service, then lodge a new application. You can only **extend** a service which is still current. If the service has expired, you must reapply.

1. Do you wish to change your Mail **Redirection** service Mail **Hold** service **Customer reference number** from the **original** application

Are you cancelling your service? Yes No

2. **Reduce finish date** - allow **three full working days** (Mon to Fri) **after lodgement** for the service to finish

3. **Extend** period **OR** If **you are not returning** to your old address (permanent move) - service to finish after 1 month 3 months 6 months 12 months

If **you are returning** to your old address at the end of the service (temporary move) - service to finish on

4. **Mail Redirection:** the address your mail is **currently** being redirected from
Mail Holding: the address for which mail is **currently** being held

Suburb

State Postcode

Mail Redirection only: the address your mail is **currently** being redirected to

Suburb

State Postcode

Country (other than Australia)

5. **Add or remove** names or business / organisation covered by this application

Add names

Title (Mr, Mrs etc) Business / surname (include maiden name, if applicable) Given names (in full)

Remove names

Title (Mr, Mrs etc) Business / surname (include maiden name, if applicable) Given names (in full)

6. Details of the person lodging this form

Title (Mr, Mrs etc) Surname (include maiden name, if applicable) Given names (in full)

Area code Daytime phone Area code After hours phone Mobile phone

7. **Declaration by the person lodging this form** - I have **authority** to include the people listed above. I understand it is a **criminal offence** to have a person's mail held or re-directed without their authority or to give Australia Post false or misleading information. I have read and understood the **terms and conditions**.

Signature

Date

CRN:

Office use only

Checklist

Q1 Selected Redirection or Hold and Yes or No

Q2 Allow **3 full working days**

Q3 Complete

Q4 Address legible

Q5 Complete and legible

Q6 Name legible, at least one phone number

Q7 Signed and dated

ID to include name, address and signatory of person lodging form

Photo ID

ID type:

ID no:

OR 2 forms of document ID

ID type:

ID no:

ID type:

ID no:

If applicable, document sighted

Pension card Written authority

Stat dec Business reg docs

Charge category

Other Service delivery

Business Box diversion

Concession Deceased estate

Staff Bankruptcy trustee

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

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DD MM YYYY

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OR

If **you are returning** to your old address at the end of the service (temporary move) - service to finish on DD MM YYYY

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Mail Holding: the address for which mail is **currently** being held

Mail Redirection only: the address your mail is **currently** being redirected **to**

Grid for Mail Redirection from address (15x4 grid).
Suburb
State Postcode

Grid for Mail Redirection only address (15x4 grid).
Suburb
State Postcode
Country (other than Australia)

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Signature

Signature box

Date
DD MM YYYY

Customer copy

Customer reference number

CRN:

Please keep this copy for your records and for any enquiries.

Customer enquiries

 **13 13 18**
(within Australia)

or visit
auspost.com.au/mail-redirect

Quote you customer reference number

Amount Paid \$

DATE STAMP