

# Application for Post Office Box

Applicant:

Name:

Address:

  
  
  

Telephone No:

## An Post

I wish to apply for

Post Office Box/Caller facilities at

On behalf of myself / firm / promotion residing at the above address.

Please tick whichever is appropriate.

(a) All mail for the above address to be held for collection.

(b) Only mail bearing the Post Office Box No to be held for collection.

Signature 1:

Date:

Print

Signature 1:

Signature 2:

Date:

Print

Signature 2:

Customers applying for a PO Box facility in Dublin should return this application form along with the appropriate fee to: Annual Fee Billing Unit, An Post, Room 2D GPO, Dublin 1, D01 F5P2. If you are applying for a PO Box facility outside of Dublin please return this application form along with the appropriate fee to your local Delivery Services Unit.

## For Official Use Only

PO Box No. Allocated:

Fee Paid:

Identification Card Forwarded: