



REDIRECTION OF POSTAL ARTICLES

MaltaPost p.l.c. (C22796)

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Marsa MTP 1001, Malta

2122 4421

info@maltapost.com

www.maltapost.com

REF. NO.	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	CANCELLATION <input type="checkbox"/>
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**** Important Note** - Processing may take up to 21 working days (for **NEW** application) from submission of ALL required documentation, any subsequent clarifications and successful vetting of the form.

TICK THE SECTION YOU NEED TO FILL OUT

MINORS (SECTION 3) <input type="checkbox"/>	BUSINESSES OPERATING UNDER TRADE NAME (SECTION 4) <input type="checkbox"/>	SOLE TRADER (SECTION 5) <input type="checkbox"/>	DECEASED PERSON (SECTION 6) <input type="checkbox"/>
POWER OF ATTORNEY (SECTION 7) <input type="checkbox"/>			

SECTION 1 : APPLICANT DETAILS (COMPLETE IN BLOCK LETTERS)

I/we hereby request MaltaPost p.l.c. to effect a redirection service on postal articles as detailed hereunder

STARTING DATE** (TO BE FILLED IN BY COUNTER CLERK)	ENDING DATE
FROM ADDRESS*	
TO ADDRESS	
	EMAIL ADDRESS

List ONLY addressee/s on which redirection of mail is to be effected.

FOR COMPANIES AND OTHER ENTITIES

Name of Company or partnerships (including registration number), other entities, societies and organisations.

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FOR INDIVIDUALS

N.B. In the case of companies/entities complete details of all director/s and/or company secretary need to be included together with relative signatures.

Name & Surname*	Email Address	I.D Card No.	A/M**	Signature

SUPPLY ID CARD(S) OF ALL PERSONS WHOSE MAIL IS TO BE REDIRECTED.

* To include also other names and references by which the addressee is known or referred to, e.g. Joseph k/a Joe, jointly addressed mail, Mr & Mrs, maiden surname, name, initials e.g. J. Borg for Joseph Borg and other references by which the addressee wants to receive mail.

** A - Adult - 18 years and over
M - Minor - Under 18 years

SECTION 2: SERVICE REQUIRED

Kindly select the appropriate service required as per below description/s.

NB Exceptions may apply (e.g. LES Summons) Redirection Information may be shared with other Licensed Operators. ONLY selected items addressed to addresses listed further down will be Redirected (remaining postal articles will be delivered as addressed). Please refer to the full set of Terms and Conditions.

ALL MAIL (INCLUDING REGISTERED LETTERS BUT EXCLUDING PARCEL, BULKY PACKETS & COURIER) <input type="checkbox"/>	REGISTERED LETTERS (AR) (WHITE A5 NOTICE) <input type="checkbox"/>	LETTER PACKET / REGISTERED (NOT AR) (GREEN A5 NOTICE) <input type="checkbox"/>	
PARCELS (WHITE A4 NOTICE) <input type="checkbox"/>	REGISTERED BULKY PACKET (YELLOW A5 NOTICE) <input type="checkbox"/>	BULKY PACKETS (YELLOW A5 NOTICE) <input type="checkbox"/>	COURIER (WHITE A4 NOTICE) <input type="checkbox"/>

SECTION 3: MINORS

N.B. Only details and signatures pertaining to guardians/custodians of minors are to be included in this section.

I/we confirm that we enjoy sole parental authority over/sole legal custody of the said minor/s, accepting full responsibility for this declaration.

Name*	Surname*	I.D Card No.	Signature

SECTION 4: OTHER TRADE NAMES (COMPLETE IN BLOCK LETTERS)

I/we, _____ holder of Identity Card No. _____ and _____ holder of Identity Card No. _____, in representation of _____ with registration number _____ and acting as Director/Company Secretary/Manager <delete as appropriate> for the said company/business/entity, declare that our company/business/entity operates also under the name of _____.

I/we hereby request that postal articles addressed to _____ are also redirected according to the accompanying application form.

I/we hereby undertake to hold you harmless, and indemnify you against any claims and/or pretentions, including but not limited to claims in respect of infringement of third party intellectual property rights that may be brought against you at any time by any third party.

DATE	EMAIL ADDRESS		
Name*	Surname*	I.D Card No.	Signature

SECTION 5: SOLE TRADER

I the undersigned _____, holder of identity card number _____,

I am the only person who exercises in commerce under the name _____, acting as a sole trader. I solely own and enjoy all the rights in regard to and related to such firm, trade name and business, and no other person may validly make any claim of whatsoever kind in such regards. I fully indemnify MaltaPost p.l.c in regard to any losses which it may incur in connection with the above, including, but not limited to, cases where it would have acted in view of the above declaration.

DATE	EMAIL ADDRESS
NAME	SIGNATURE
SURNAME	

Supply your ID Card.

SECTION 6: DECEASED PERSON (COMPLETE IN BLOCK LETTERS)

This Form is being completed by the undersigned Notary on behalf of all the heirs of the deceased person, who resided in the FROM ADDRESS in section 1 of this form.

FULL PARTICULARS OF DECEASED

NAME (DECEASED)	SURNAME (DECEASED)
NAME (SPOUSE)	SURNAME (SPOUSE)
MARITAL STATUS (DECEASED)	DATE AND PLACE (OF DEATH)
State whether deceased died testate or intestate (Tick the relevant box as applicable)	<input type="checkbox"/> TESTATE <input type="checkbox"/> INTESTATE

Provide the name, surname, I.D. card number and address of heirs, stating whether any of such heirs is a minor, interdicted or incapacitated.

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Additional sheets may be annexed to this form if required.

I have personally verified the relevant documentation and advise that instructions relating to the postal articles pertaining to the deceased may be accepted from

Mr/Ms _____ holder of I.D. Card _____ residing at _____
_____ (supply I.D. Card).

NAME	SURNAME
TELEPHONE NO.	MOBILE NO.
ADDRESS	
DATE	EMAIL ADDRESS
Date Stamp (Notary/Advocate)	NOTARY/ADVOCATE SIGNATURE

SECTION 7: POWER OF ATTORNEY (COMPLETE IN BLOCK LETTERS)

I, _____ holder of Identity Card No. _____, hereby appoint _____, holder of Identity Card No. _____, as my lawful attorney to act in my capacity and in my place and stead in all dealings with MaltaPost p.l.c. with regards to issues relating to the Redirection of Mail Service that is being requested as per addressing details below.

This power shall be in full force and effect on the date below written and shall remain in full force and effect until ____/____/____ or unless specifically extended or rescinded earlier by either party in writing.

DATE	SIGNATURE
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INDIVIDUAL ACCEPTING POWER OF ATTORNEY

NAME & SURNAME	I.D CARD NO.
ADDRESS	
EMAIL ADDRESS	SIGNATURE
Date Stamp (Notary/Advocate)	NOTARY/ADVOCATE SIGNATURE

This Power of Attorney Form must be signed in the presence of a Notary, Advocate. Any related documentation must be attached to this form.

SECTION 8: DECLARATION

I / We certify that the above information is correct and all the terms and conditions of this scheme have been accepted.

DATE				
Name & Surname	I.D Card Number	Tele/Mob	Email	Signature

I/We certify that there have been no changes to the information contained above and the original Redirection of Postal Articles form.

SECTION 9: AUTHORISATION

To be completed where the person submitting the form is different from the applicant.

I, _____ holder of Identity Card No. _____ in my capacity as _____

hereby authorise _____, holder of Identity Card No. _____ to submit this form at any post office on my/our behalf.

SIGNATURE (AUTHORISING PERSON)	SIGNATURE (REPRESENTATIVE PERSON)
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SECTION 10: FOR OFFICE USE

For Businesses & Other Entities ONLY

3 MONTHS

6 MONTHS

12 MONTHS

For Individuals, NGOs & Not-For-Profit Organisations ONLY

FIRST 6 MONTHS

SECOND 6 MONTHS

FURTHER RENEWALS

DATE	Post Officer Personal Date Stamp
CERTIFIED CORRECT	
RECEIPT NO.	

IMPORTANT: Read the full set of Terms and Conditions

How we use your data is described in our terms and conditions and by submitting this application you confirm that you and everyone named in it agree to us using your data as set out in those terms and conditions. This may include passing the contact details (address, email and telephone) of everyone named in this application to organisations which help to prevent fraud and money laundering.