

MAIL FORWARDING SERVICES APPLICATION/CONSENT FORM

Date: _____

Name: _____

Telephone: (____) _____

Email/Website: _____

Address: _____

Type of Business: _____

Attention: _____

(If different from name of client)

(The information above is required for the set up of the Mail Forwarding Service.)

I/We hereby instruct INTERNATIONAL SERVICES LTD. to forward all mail addressed to the above-mentioned individual/company in accordance with the following instructions:

1. FREQUENCY OF SERVICE: ☐ Weekly ☐ Monthly ☐ Hold Other _____

2. MODE OF FORWARDING: ☐ Regular Mail ☐ Airmail ☐ Registered Mail

3. COURIER SERVICES: ☐ Yes ☐ No

4. DOCUMENTS REQUIRED: ☐ Notarized Passport Copy for Individual or Directors and/or
☐ Certificate of Incorporation for the Company

5. ADDRESS TO BE USED FOR THE FORWARDING OF MAILS BY POST OR BY COURIER:

- If you use a P.O. Box number, include Physical Address for mails to be sent by courier.

Attention: _____
(If different from name of client)

AUTHORIZED SIGNATURE