

Application for Post Office Box

Applicant:

Name:

Address:

Eircode

Email

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.

Two signatures required in respect of a company

Please tick whichever is appropriate:

☐

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

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

Signature 1:

Date:

Print name

Signature 2:

Date:

Print name

**Customers applying for a PO Box facility should return this application form together with the appropriate fee to:
Fee Billing Unit, Floor 5, The EXO Building, North Wall Quay, Dublin 1 D01 W5Y2.**

For Official Use Only

PO Box No. Allocated:

Fee Paid:

Identification Card

Forwarded:

**an
post**