

# Mail Redirection application



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## 1. Service details

**Redirection destination: Where are you redirecting your mail to?**

Domestic (within Australia)  International

**Relocation type: Are you leaving this address permanently?**  Yes  No

**Application type** (tick 1 box only)

Personal  Concession cardholder\*  Home office\*  Deceased estate\*

Business\* ABN

**Start date**

DD / MM / YY

(at least 3 full business days from today)

**Finish date**

DD / MM / YY

OR

**Finish after**

1 month  3 months  
 6 months  12 months

## 2. Redirect from

Address

  

Suburb

State

Postcode

## 3. Redirect to

Address

  

Suburb

State

Postcode

Country

\*You will need to provide additional documents listed on page 2 of this brochure.

^Please provide at least one phone number.

## 4. Person submitting form

Title Given names (first and middle names)

Surname

Email address

Mobile number^

Phone number^

**Submission eligibility: Are you over 18 years of age?**

Yes  No

**Address updates: Would you like us to share your new address details when asked by organisations who already have your old details?**

Yes  No

## 5. Names for mail redirection

**Is your personal mail being redirected? If yes, include your name(s) below.**  Yes  No

List up to 6 names (including name variations) for each person or business redirecting mail.

Title Given names OR Business name

Surname

18+

			<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>

## 6. Declaration

I confirm that I have **authority** to include the people listed above.

I understand that it may be a **criminal offence** to redirect a person's mail without their authority or to knowingly give Australia Post false or misleading information.

I have read and understood the **Terms and Conditions** and **Privacy Notice** (included within this form).

Signature

Date

Date stamp

Operator's name

Entered in webPOS & receipt copy stapled to back of form Yes / No

Office Use Only

# Mail Redirection application

Please keep this copy for your records and enquiries.  
Look out for your **invitation to extend your Mail Redirection service** before the expiry date.  
Customer enquiries: call us on **13 POST (13 7678)** within Australia or visit [auspost.com.au/mail-redirection](http://auspost.com.au/mail-redirection)

## Customer copy

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/  /

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Title Given names (first and middle names) Surname

  

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Title Given names OR Business name Surname 18+

Title	Given names OR Business name	Surname	18+
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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