

Ministry of Posts & Telecommunications

1000 Monrovia 10, Liberia

Home and Institutional Mail Delivery Services Application Form

APPLICATION FORM

NO. _____

Name of Applicant: _____ Date: _____

Full Address: _____

House NO: _____ Not Available

Community: _____

Tel#: _____

Form Payment Receipt#: _____ E-mail: _____

(Check the appropriate box)

Category of Subscription

Business Residence UN Agency Embassy Concession

Gov't Agency Religious Institution NGO Other

Category of Business:

Home mail Delivery Services

Institutional Mail Delivery Service

Drop Bag Services

Diplomatic Pouch

How do you receive mails now? _____

Name of person(s) authorized to receive your mail.

Name	RELATIONSHIP/POSITION	CONTACT NO
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Names & Signatures of Persons filling form: _____ Date: _____

Note: Service will be provided in seven (7) days following the attestation of form.

Note: Any subscribers failing to meet their payment on time shall have their services suspended, and turn over to the Ministry of Justice to pay for services rendered.

DO NOT WRITE BELOW THIS LINE (FOR OFFICIAL USE ONLY)

RECEIVED BY: _____

Approved by: _____

Supervisor of H & IMDS

Head Postmistress

Date: _____

Date: _____

Approved by: _____

Attested-----

Director General of Posts, R.L.

Deputy Minister for Postal Operations

MOTTO :

Rain Or Shine Mail Must Go!