

Please use **black ink** and print within the boxes in **BLOCK LETTERS**.  
Please leave spaces between words. Use crosses in boxes marked with an

# Application to Redirect Mail



1. Are you redirecting mail for **private individuals**  **concession**  **deceased estate**  **business / organisation**  ABN

2. **Start date** of your Mail Redirection service - allow **three full working days** (Mon to Fri) **after lodgement** for the service to start DD MM YYYY

3. **Finish date:** If **you are not returning** to your old address (permanent move) - service is to finish after: 1 month  3 months  6 months  12 months

OR

If **you are returning** to your old address at the end of the service (temporary move) - service is to finish on DD MM YYYY

4. **Old mailing address**

**New mailing address**

Grid for old mailing address

Grid for new mailing address

Suburb

Suburb

State Postcode

State Postcode

If **you already have a current redirection service** for this old address, please cancel the existing service before lodging this application.

Country (other than Australia)

5. **Full name of each person or business / organisation covered by this application** Cross if aged 18 or over **\*Sign here for Free Address Update service**

Table for listing names and signing for address update service

**\* Free Address Update service.** We are able to provide certain service providers with whom you have an existing relationship, with your updated details to ensure their records are up-to-date. Each person on the form that would like to make use of the service simply needs to sign in their respective box.

As part of your Mail Redirection service we may provide information from Australia Post and other organisations via mail on products and services - including offers and discounts. Where this takes place, you will be provided with the choice to opt-out from receiving such information in future.

6. At your new mailing address, please cross if you are renting  have bought  or other   I would like to receive the aforementioned information on products and services via SMS.  
This **optional** information is used to provide more appropriate offers, discounts and product and services from Australia Post and other organisations.

7. Details of the person lodging this form  
Title (Mr, Mrs etc) Business / Surname (include maiden name, if applicable) Given names (in full)

Grid for person lodging form details

By giving us your email address, we can provide information about products and services from Australia Post and other organisations via email.  
E-mail address

Grid for email address

Area code Daytime phone Area code After hours phone Mobile phone

Grid for phone numbers

8. **Declaration by the person lodging this form** - I have **authority** to include the people listed above. I understand it is a **criminal offence** to redirect a person's mail without their authority or to give Australia Post false or misleading information. I have read and understood the **terms and conditions**.  
Signature Date DD MM YYYY

### Office use only

#### Checklist

- Q1 Selected one or more
- Q2 Allow **3 full working days**
- Q3 Details for perm / temp correct
- Q4 Info legible, containing street no. & name, locality, state & postcode
- Q5 Complete and legible; if no signature, confirm with customer
- Q6 If not ticked, confirm with customer
- Q7 Name legible, at least one phone no.
- Q8 Signed and dated

#### Photo ID (driver licence or passport)

ID type:

No:

#### or 2 forms of document ID (which show name, address and signature)

ID type:

No:

ID type:

No:

#### Do not record payment card no.

If applicable, document sighted & copies attached

Concession card  Written authority

Stat dec  Business reg docs

#### Charge category

Destination Customer type Reason code

Domestic  Private  PO Box

Overseas  Concession  Deceased

Business  AP staff

Natural disaster

APS No.

#### Amount Paid \$

- Attach receipt to customer copy and attach copy of receipt to the **back** of the LH corner of this sheet (not on the barcode corner)
- Advise customer to keep copy/CRN

DATE STAMP

Accepting officer's name

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4. Old mailing address										New mailing address									
<input type="text"/>										<input type="text"/>									
Suburb <input type="text"/>										Suburb <input type="text"/>									
State <input type="text"/>					Postcode <input type="text"/>					State <input type="text"/>					Postcode <input type="text"/>				
Country (other than Australia) <input type="text"/>										<input type="text"/>									

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Title (Mr, Mrs etc)	Business / Surname (include maiden name, if applicable)	Given names (in full)	Cross if aged 18 or over	*Sign here for Free Address Update service
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
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E-mail address

Area code Daytime phone

Area code After hours phone

Mobile phone

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Signature

Date

**Please keep this copy for your records and for any enquiries.**

**Look out for your invitation to extend your Mail Redirection service before the service expiry date.**

**Customer enquiries**

 **13 13 18**  
 (within Australia)

or visit  
[auspost.com.au/mail-redirect](http://auspost.com.au/mail-redirect)

**Amount Paid \$**

