## **REDIRECTION NOTICE**

(This form is to be completed by the Applicant only and returned to the Post Office)

- 1. PRINT OR TYPE INFORMATION CAREFULLY
- 2. READ CAREFULLY INSTRUCTIONS/CONDITIONS ON FOLLOWING PAGE

## **VALID FOR SIX MONTHS**

ADDRESS).  TO BE REDIRECTED TO: -  NEW ADDRESS  FROM (Date) TO (Date)  DECLARATION  I, have given the Postmaster  General permission to redirect my mail.  Signature of Applicant(s)  National I.D. No. Date  Verified by Accepting Officer Date  FOR OFFICIAL USE ONLY  Yes No  Investigated by: No Approved Not Approved Not Approved Signature of Approved Postmaster  Investigated by: Date Approved Date Not Approved Date  Circulation Branch Date  Officer In Charge Postmen Date.	NAME OF APPLICANT	
(2)	Name & Signatures of Householders other than	Applicant
(2)	(1)	
(3)		
(4)		
OF (OLD ADDRESS)		
ADDRESS).  TO BE REDIRECTED TO: -  NEW ADDRESS  FROM (Date) TO (Date)  DECLARATION  I, have given the Postmaster  General permission to redirect my mail.  Signature of Applicant(s)  National I.D. No. Date  Verified by Accepting Officer Date  FOR OFFICIAL USE ONLY  Yes No  Investigated by: No Approved Not Approved Not Approved Signature of Approved Postmaster  Investigated by: Date Approved Date  If not approved Reason Noted By: - Postmaster Date  Circulation Branch Date  Officer In Charge Postmen Date	(4)	
TO BE REDIRECTED TO: -  NEW ADDRESS  FROM (Date) TO (Date)  DECLARATION  I, have given the Postmaster  General permission to redirect my mail.  Signature of Applicant(s)  National I.D. No. Date  Verified by Accepting Officer Date  FOR OFFICIAL USE ONLY  Submitted by Applicant Yes No Power of Attorney Not Approved Not Approved Investigated by: Date Approved Not Approved If not approved Reason Noted By: - Postmaster Date  Circulation Branch Date  Officer In Charge Postmen Date	OF (OLD	
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Signature of Applicant(s)  National I.D. No.  Date  FOR OFFICIAL USE ONLY  Submitted by Applicant Power of Attorney  Investigated by: Date Approved Not Approved  If not approved Reason Noted By: Postmaster  Circulation Branch  Officer In Charge Postmen  Date	General permission to redirect my mail.	
Signature of Applicant(s)  National I.D. No.  Date  FOR OFFICIAL USE ONLY  Submitted by Applicant Power of Attorney  Investigated by: Date Approved Not Approved  If not approved Reason Noted By: Postmaster  Circulation Branch  Officer In Charge Postmen  Date		
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FOR OFFICIAL USE ONLY  Submitted by Applicant	National I.D. No.	Date
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Circulation Branch Date Officer In Charge Postmen Date	1.1	
Officer In Charge Postmen Date	Postmaster	Date
	Circulation Branch	Date
	Officer In Charge Postmen	Date
Postman Date		

## CONDITIONS FOR REDIRECTION OF MAIL

- i. A fee of four dollars (\$4.00) or its equivalent in postage stamps must accompany each Redirection Notice.
- ii. It is mandatory for each adult over the age of sixteen (16) in a household to sign the Redirection Notice.
- iii. The names of minors under the age of sixteen must be included on the redirection. Their signature is not necessary.
- iv. Mail will not be redirected without a signature.
- v. Unless a legal Power of Attorney has been granted, one member of a household cannot sign on behalf of another.
- vi. Power of Attorney MUST be produced for the redirection of mail of deceased persons.
- vii. Where required, Powers of Attorney must be brought into Post Offices with applications.
- viii. Identification, preferably National ID, must be presented by the applicant.
- ix. Redirection Notices are accepted at any Post Office.
- x. If this form is not submitted by the applicant, an investigation will be carried out to determine its validity.
- xi. In the event that a redirection is received from a company or business, an official stamp must be affixed.

## WARNING

The above security precautions are necessary for the safe delivery of your redirected mail. Directions must be **CAREFULLY** followed to ensure that unauthorized persons do not have access to your mail. **PLEASE** cooperate fully with Postal Officials.