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

Application to Alter / Cancel

Any information provided in this form is subject to the original Mail Hold/Mail Redirection terms and conditions including those relating to personal information usage as noted in your original application.

Please note: If you wish to change your Mail Redirection Service to a **new address**, use this form to cancel your existing service, then lodge a new application. You can only **extend** a service which is still current. If the service has expired, you must reapply.

1. Do you wish to change your ☐ Mail **Redirection** service ☐ Mail **Hold** service

Customer reference number from the **original** application

Are you cancelling your service? ☐ Yes ☐ No

2. Reduce finish date - allow **three full working days** (Mon to Fri) **after lodgement** for the service to finish D D M M Y Y Y Y

3. Extend period If **you are not returning** to your old address (permanent move) - service 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 to finish on D D M M Y Y Y Y

4. Mail Redirection: the address your mail is **currently** being redirected **from**
Mail Holding: the address for which mail is **currently** being **held**

Suburb

State Postcode

Mail Redirection only: the address your mail is **currently** being redirected **to**

Suburb

State Postcode

Country (other than Australia)

5. Add or remove names or business / organisation covered by this application

Add names

Title (Mr, Mrs etc) Business / surname (include maiden name, if applicable) Given names (in full)

Remove names

Title (Mr, Mrs etc) Business / surname (include maiden name, if applicable) Given names (in full)

6. Details of the person lodging this form

Title (Mr, Mrs etc) Surname (include maiden name, if applicable) Given names (in full)

Area code Daytime phone

Area code After hours phone

Mobile phone

7. Declaration by the person lodging this form - I confirm that I have the **authority** to include the people and businesses 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 **Privacy notice and terms and conditions** available at https://auspost.com.au/mrsprivacy and https://auspost.com.au/mrst&c

Signature

Date D D M M Y Y Y Y

Office Use Only

Date stamp

Operator's name

Entered into POS & receipt copy stapled to back of form Yes / No

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Application to Alter / Cancel

Customer copy

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Signature

Date D D M M Y Y Y Y

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

Customer enquiries

13 13 18 (within Australia)

or visit auspost.com.au/mail-redirect

Quote you customer reference number

Amount Paid $

Date stamp