

Please complete this form clearly in ink and use BLOCK CAPITALS. Tick all boxes as applicable.

## 1. Rental Purpose and Type

Personal  or Business  Nature of business activity

Virtual address  or Physical mailbox  24 hour Voicemail

Live answering  E-mail Forwarding  (Tick all that apply)

Mailbox to be used as a company registered address  (Supporting paperwork required)

## 2. Rental Period

3 Months  6 Months  12 Months  24 Months

## 3. Your Details

Two forms of ID to be provided for all individuals. For business ID requirements please complete section 12

If **Personal rental** please provide your current home address  
 If **Business rental** please provide your registered or principal address and **complete section 12**

Full name of applicant  Business name (if applicable)

Address

Town  Postcode

Home telephone number  Work telephone number

Mobile telephone number  Fax number

Email address  Web address

I do NOT wish to be contacted at home  (for personal rental only)

## 4. Additional Mailing Names

I require additional mailing names to be added to the mailbox address  If yes please **complete section 11**

## 5. Mailbox Address

Name

Suite  Unit  Box  Department  Office  Number allocated

To be completed by Citibox

Other (Descriptor exclusions apply, ask for details)

**[Insert Centre Address] [Address line 1], [Address line 2]  
 [Address line 3] [Postcode]**

## 6. Mail Forwarding

If you require us to forward your mail, please indicate below how frequently

Daily  Weekly  Day/date for weekly/monthly forwarding

Monthly  Upon request

Other

If the address for mail to be forwarded to is different from the address given in section 3 please provide details below

Full Name:

Address:

Town

Postcode

## 7. Where did you hear about Citibox?

## 8. Additional Services

If you would like to know more about service available at Citibox please tick the relevant boxes below

Telephone answering services  Telephone 24 hour voicemail forwarding

*From time to time we would like to send you details of our products and services, which we believe may be of interest to you. If you would prefer not to receive this information from us please tick the appropriate boxes below.*

Mail  Phone  Email

## 9. Signed

I have read and agree to abide by the published terms and conditions

Signature of applicant:

Date

### Please note that we cannot activate your address and release mail to you without the following

- A completed and signed mailbox agreement
- 2 forms of identification for all persons for whom mail is to be received, held or forwarded
- Full details for business mailbox users including completion where appropriate of sections 11 and 12

## 10. For Citibox Use Only

Mailbox key	<input type="checkbox"/>	£	Registration fee	<input type="checkbox"/>	£	Mailbox number allocated	<input type="text"/>
Service Option	<input type="checkbox"/>	£	Rental fee	<input type="checkbox"/>	£	Start date	<input type="text"/>
Mail forwarding deposit	<input type="checkbox"/>	£	Registered address fee	<input type="checkbox"/>	£	Expiry/renewal date	<input type="text"/>

Total £  Type of payment Cash  Cheque  Credit/Debit Card

Processed by

**11. Additional Mailing Names - Two forms of ID must be provided for all names**  
Please provide full names, addresses and telephone numbers for all additional names for the mailing address

Full Name

Address

Town	Postcode

Home telephone number

Work telephone number

Mobile telephone number

Fax number

Full Name

Address

Town	Postcode

Home telephone number

Work telephone number

Mobile telephone number

Fax number

If you require additional space please continue on a separate sheet

**12. Additional Business Details (Business mailbox holders only)**

Please provide details for all directors/owners/partners. Two forms of ID must also be provided

Full Name

Address

Town	Postcode

Home telephone number

Work telephone number

Mobile telephone number

Fax number

Company registration number

VAT number

Full Name

Address

Town	Postcode

Home telephone number

Work telephone number

Mobile telephone number

Fax number

Company registration number

VAT number

If you require additional space please continue on a separate sheet