

# The Mauritius Post Ltd

## Request for Redirection



MPL 198 (Rev Aug 2016)

Ref No.

1 Are you redirecting mail for ( Tick as appropriate)

(a) Private / Individuals

(b) Corporate :- Company / Organisation/ Institution

2 Is redirection temporary or permanent?

<b>Temporary</b>	<input type="checkbox"/>
Starting Date	/ /
Ending Date	/ /

<b>Permanent</b>	<input type="checkbox"/>
Starting Date	/ /
Ending Date	/ /

*It is advisable to inform correspondents of the change in address to avoid delay in delivery*

3 **Annual Redirection Fee:**  
(i) Individual Rs 200 (ii) Corporate Rs 500

4 **Validity :** 12 months as from date of application  
(Renewable on expiry)

5 Old Address (in Block)	New Address (in Block)
<i>Line 1:</i>	<i>Line 1:</i>
<i>Line 2:</i>	<i>Line 2:</i>
<i>Locality: Postcode:</i>	<i>Locality: Postcode:</i>

6 Please write the name of your next neighbour or any landmark to facilitate identification of your new location.

7 Draw a sketch of the new location

8 Full name of each and every person covered by this application for Private and Individuals

No.	Title (Mr, Mrs, Miss, Minor)	Surname (include maiden name, if applicable)	Other Name	Tick if age over 18	Signature if age over 18
1					
2					
3					
4					
5					
6					

9 Full Name of Company / organisation or institution

10 Declaration by the person lodging this form -

I hereby certify that I have authority to include the name/s mentioned at item 8 or 9, ( whichever is applicable). I understand that it is a criminal offence to redirect the mail of a person, a business, an institution or an entity without authority and I also certify that the information given above is correct.

Mr, Mrs etc	Surname (include maiden name, if applicable)	Other name

Please state your position if request is made on behalf of company:

Email:	Tel: (Mob)	(Res)	(Office)
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Application Date	Signature of Applicant	
/ /		
NIC		<div style="border: 1px dashed black; width: 100px; height: 50px; margin: 0 auto;"></div> Company's /organisation's seal (If applicable)

**For Office use only**

11 Date of Payment

/ /
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Amount Paid

Rs:
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Receipt No.

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*Office Date stamp*

12 To the Postmaster of ..... for Authentication at Old Address

Authenticated at old address by:

Date	Name of Postman	Walk No.	Signature of Postman
/ /			

Date	Signature of Postmaster:
/ /	

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*Office Date stamp Old Address*

13 To the Postmaster ..... for Authentication at New Address

	YES	NO
(a) Authenticated at new address	<input type="checkbox"/>	<input type="checkbox"/>
Provide reason if not authenticated:- .....		
.....		

Date	Name of Postman	Walk No.	Signature of Postman
/ /			

Date	Signature of Postmaster:
/ /	

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*Office Date stamp New Address*

14 To the Postmaster.....for filing at Old Address

(a) Request approved  Redirection Card prepared and handed over to Postman  
*I hereby acknowledge receipt of the Redirection Card*

Date	Name of Postman	Walk No	Signature of Postman
/ /			

(b) Request Rejected at New address

Action taken:- .....

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Date:                      Signature of Postmaster:.....

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*Office Date stamp old Address*