

Registration Form

First Name: _____ Surname: _____

Date of Birth: DD / MM / YY Sex: Male Female Nationality: _____

Home Address: _____

Contact Phone Number 1. _____ 2. _____

Email Address 1. _____ 2. _____

Please select your type of registration: Once Basic Premium Business

Preferred Username/Password (Premium and Business only): _____

Please select your duration of registration: _____ Months

Please enter total payment due: AUD\$ _____

And appropriate Postal Deposit: \$15 \$40 \$50 \$60 Other \$ _____

How do you intend to pay? Credit Card Bank Deposit Money Order Cheque PayPal

How often would you like your post forwarded? _____

Forwarding Address (If Known): _____

How did you hear about Mail4ward? _____

Any additional comments?

I have read and accepted the terms and conditions.

Signature: _____ Date: DD / MM / YY

Print off this form, fill it in, scan and email it to registration@mail4ward.com.au, fax it to +61 2 8003 2893 or post it to P.O Box 2077, Strawberry Hills, NSW 2012, Sydney, Australia.

*There is a maximum of two people per Registration Number. Please fill out separate Registration Forms and forward them together.

Thank you for choosing Mail4ward to look after your mail requirements- The Mail4ward Team.