DeliveryBox[™] Application Form

Please complete the form below and return to the following address; National DeliveryBox[~] Control Centre Zone 9, 5th Floor, Exo Building, North Wall Quay, Dublin 1, D01 W5Y2

Title: Mr O Ms O Other O	
Installation address	Delivery address
Company Name (for business premises):	Tick box if same as installation address $igcarrow$
	First name:
Address:	Surname:
	Company Name (for business premises):
Eircode:	
	Address:
Building Type:	
House 🔿 Business Premises 🔿 Other 🔿	Eircode:
DECLARATION: I understand that DeliveryBox" is the principal point of delivery for all mail addressed to the	Home phone:
installation postal address above for all recipients of mail at that postal address with the exception of the exclusions	Mobile:
outlined in points 8 and 9 of the Terms and Conditions. I	Email:
confirm I have read and agree to the terms and conditions outlined and agree to complete a brief survey about my	
experience using DeliveryBox™.	
Signed: Dat	:e:
An Post would like to contact you with news and special as detailed in our Privacy Statement, available at anpos time by following the opting out procedure detailed in ou	t.com/privacy. You may withdraw your consent at any

O I consent to be contacted by SMS, Email and Phone

O I do not consent to be contacted by Post

Payment Details

nt:

Cheque 🔘 🛛 Postal Money Order 🗋	O Credit/Debit Card O	Post Office 🔘 (Please attach receipt)
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Please enclose cheque or postal money order for the value of €95 with this form, if paying by this method. Alternatively complete the credit card details below.

I authorise An Post to take payment for DeliveryBox" via the aforementioned payment method.

Signed:	Date:
Cardholder's Name:	
Card Type: VISA 🔿 MasterCard 🔿	
Card No:	
Expiry Date:	
Cardholder's Address:	
	Eircode:

Note: Application subject to eligibility and availability - if we cannot complete your order, we will contact you and no payment will be taken. Once payment has been processed your DeliveryBox^{*} will be delivered within 5-10 working days.