

**SIGNATURE:** 

## **Courier & SMS Request Form**

## **COURIER REQUEST (To be filled by applicant in BLOCK LETTERS) For Business/office Address:**

| Important Note: Th                                   | nese a  | ire o    | ption | al se | rvice | s and    | l char | ges a | are IN  | IR XX  | X per  | cou      | rier a  | ind II | NR XX    | ⟨X pe |
|--|---------|----------|-------|-------|-------|----------|--------|-------|---------|--------|--------|----------|---------|--------|----------|-------|
| . Please fill in the foll                            | owing   | deta     | ils:- |       |       |          |        |       |         |        |        |          |         |        |          |       |
| Passport Number:                                     |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| Applicant Name:                                      |         |          | 1     |       | 1     |          |        |       | 1       |        | 1      |          | 1       | 1      |          |       |
| First Name:  |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| /liddle Name:  |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
|  |         |          | 1     |       | 1     |          |        |       | 1       |        | ı      |          | 1       | 1      |          |       |
| ast Name:  |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| Address* <u>(To be fillo</u><br>Please reconfirm the |         |          |       |       |       | equir    | ed fo  | r cou | rier (d | delive | ry of  | Passp    | oort):  |        |          |       |
| ompany name:   |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| epartment name:                                      |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
|  |         | l        | 1     |       |       |          | 1      |       | 1       |        |        |          | 1       |        | ·        | 1     |
| t number:  |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| ilding Name:   |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| ing:   |         |          |       |       |       |          |        |       |         |        |        | <u> </u> |         |        |          |       |
| <b>-</b>   |         | <u> </u> | 1     |       |       | <u> </u> | 1      | 1     | 1       | I      | l      |          | 1       |        | <u>1</u> | 1     |
| reet/Area  |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| ty   |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| ate:   |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| n Code:  |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| In case of Non Servi<br>entioned Hold At Lo          |         |          |       | _     |       |          |        | abov  | ve me   | ention | ed pa  | asspo    | rt(s) f | from   | the b    | elow  |
| O Done By/Date                                       |         |          |       |       |       |          |        | DC    | Don     | e By/I | Date . |          |         |        |          |       |
| SMS: YES / NO.                                       |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| Yes, CONATCT NO:                                     |         |          |       |       |       |          |        |       |         |        |        | ]        |         |        |          |       |
|  |         |          |       |       |       |          |        |       |         | _      |        | -        |         | , .    |          |       |
|  |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| ve requested & aut<br>cument/s) by third             |         |          |       |       |       |          |        |       |         | -      |        |          | -       |        |          |       |
| aims or other consec                                 |         |          |       | •     |       | _        |        |       |         |        |        | •        |         |        | •        |       |
| ocument/s, delay or                                  |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| estricted to what the                                |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |
| gree that this constit                               |         | _        | -     |       |       |          |        | _     |         | -      |        |          |         |        |          |       |
| confirm that I have re                               | ead / h | had t    | he sa | me re | ad ar | nd un    | derst  | ood t | he te   | rms o  | f this | Decla    | aratio  | n.     |          |       |
|  |         |          |       |       |       |          |        |       |         |        |        |          |         |        |          |       |

PLACE: