



Official Use Only

Request #: _____

Box No: _____

Date Assigned: _____

Cayman Islands Government

Application To Rent A Post Office Box

SALUATION: DR MISS MR MRS MS PASTOR SIR

PRIMARY RENTER'S FULL NAME: _____

PHYSICAL ADDRESS:

UNIT: _____ BUILDING NAME: _____ STREET/HOUSE NUMBER: _____

STREET NAME: _____ LOCATION: _____ DISTRICT: _____

HOME PHONE: _____ MOBILE: _____

HOME E-MAIL ADDRESS: _____

WORK PHONE: _____ FAX: _____

WORK E-MAIL ADDRESS: _____

IDENTIFICATION TYPE: DRIVING LICENSE PASSPORT VOTER'S ID

IDENTIFICATION NUMBER: _____

DATE OF BIRTH: _____ (DD/MM/YYYY)

PRESENT POSTAL ADDRESS: _____

FOR BOXES RENTED BY BUSINESS OR GOVERNMENT ONLY

PRIMARY CONTACT PERSON: _____ **TITLE/POSITION:** _____

PRIMARY CONTACT PHONE: _____ **EMAIL:** _____

BUSINESS LICENSE NUMBER: _____ **EXPIRATION DATE:** _____ (DD/MM/YYYY)

WEBSITE: _____

Please Turn Over

SERVICE DETAILS

MAILBOX TYPE: PRIVATE BUSINESS GOVERNMENT STATUTORY AUTHORITY

PUBLIC ACCESS: YES NO (Gives the CIPS permission to list your name and box number in a PO Box Directory)

Are you currently the primary renter or listed as an associate on another post box? YES NO

RENTAL PREFERENCE:

1st Post Office Location Where Box is Required: _____

BOX SIZE: SMALL INSIDE SMALL OUTSIDE MEDIUM OUTSIDE LARGE INSIDE LARGE OUTSIDE

2nd Post Office Location Where Box is Required: _____

BOX SIZE: SMALL INSIDE SMALL OUTSIDE MEDIUM OUTSIDE LARGE INSIDE LARGE OUTSIDE

3rd Post Office Location Where Box is Required: _____

BOX SIZE: SMALL INSIDE SMALL OUTSIDE MEDIUM OUTSIDE LARGE INSIDE LARGE OUTSIDE

PERSONS ASSOCIATED WITH BOX: *(The Primary Renter is Fully Responsible for The Box. The CIPS Will NOT accept instructions from persons associated with the box) *Required*

SALUTATION*	FULL NAME*	DATE OF BIRTH	TELEPHONE NUMBER

EMAIL LIST PREFERENCE: Join our email list and receive offers, promotions, latest information on products and services and other commercial messages from:

Cayman Islands Postal Services Other Commercial Entities

SIGNATURE OF APPLICANT: _____

DATE: _____

Upon signing this Application, the Client, or its representative, shall provide valid acceptable identification which will be held on file. The Client further acknowledges that should this application be approved, the rental and use of this box will be governed by all applicable Laws and Regulations within the Cayman Islands.

KEYS COLLECTED: _____

DATE: _____

CIPS REPRESENTATIVE SIGNATURE: _____

DATE: _____

Cayman Islands Postal Service

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Grand Cayman KY1-1100
CAYMAN ISLANDS

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