



ST. VINCENT AND THE GRENADINES POSTAL CORPORATION

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ST. VINCENT AND THE GRENADINES POSTAL CORPORATION

U.S. MAIL BOX APPLICATION FORM

NAME: (First) _____ (Last) _____

ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: (Work) _____ (Cell) _____ (Home) _____

E-MAIL: (Please print) _____

I _____ hereby authorize SVGPOST and its USA representative to open and clear all packages addressed to me using the US Mail Box service. I further agree to accept all Shipping charges and Customs duties that would be assessed on these imported items and understand that such fees must be settled by me before packets are delivered to me.

Signature

Valid I.D. _____

Date _____

FOR SVG POST USE ONLY

USA MAIL BOX #: _____

START DATE: _____

RENEWAL DATE: _____