**REDIRECTION APPLICATION FORM**

***Please complete in ink and in BLOCK CAPITALS***

I request that any mail addressed to me from my old address is redirected to me at my new address as detailed below:

**Current address New address**

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**Contact daytime telephone number**

**Names and signatures of all applicants (maximum five names per redirection)**

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| --- | --- | --- | --- | --- | --- |
| **Title** | **First Name** | **Middle Name** | **Surname** | **Tick U16** | **Signature** **(Guardian/Parent U16)** |
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NOTE: It is important that you provide us of any abbreviations or other names you are commonly addressed by so that we can be sure to redirect all relevant mail.

We require five working days from the receipt of your application to implement the redirection.

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| --- |
| **REFRENCE NUMBER**  |
| **DATE STAMP** |
| **PAYMENT £50 local - £75 International** **Cheque** **Card** |

**Start date …………/……../……………**

**Data Protection act 2004**

*Under the Data Protection Act 2004, we reserve the right to collect, store and process personal data for the purpose of providing you with the service(s) that you have requested. This data will remain on file/computer records for as long as administratively necessary and will then be destroyed.*

*Personal information about you or your business is private and confidential and will not be disclosed to anyone not connected with the provision of this service unless you give us consent, or the law permits or requires it.*