

Date	
A/C Ref.	

REQUEST TO RECEIVE NO MAIL

Please note that with immediate effect, I would like you to hold all the mail received on my account, until I collect such mail myself. Please amend your records accordingly.

Primary Holder		Secondary Holder	
Name		Name	
ID No.		ID No.	

Current Address on Account

Telephone No.	
Mobile No.	
Other Details	
Email Address	

Signature	
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Signature	
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