

Application for E-Docketing Facility



Account Manager/ Key Account Manager			
Customer Name			
Address			
Account No.			
Ceadunas No. <i>(must furnish sample envelope)</i>			
Mailing Agent <i>(if applicable)</i>			
Mailing Agent contact email			
Office of Acceptance			
Product Groups	Standard		

Contact Details

<i>Relating to mailings</i>	Name:		
	Phone No:		Mobile No:
	email:		
<i>Relating to payments</i>	Name:		
	Phone No:		Mobile No:
	email:		

For Office Use Only

Approved by: <i>(block capitals)</i>
Signature:
Date: