MAIL FORWARDING SERVICES APPLICATION/CONSENT FORM

| Date: | | Name: | ame: | | |
|---|-----------------------|----------------------------|---|----------------|--|
| Telephone: | | Email/Website: | | | |
| Address: | | Type of Business: | | | |
| | | Attention: | | | |
| The information above /We hereby instruct to the above-mentioned | : INTERNATIONAL S | ERVICES LTD. | to forward all | mail addressed | |
| FREQUENCY OF SERVICE: | ○ Weekely | Monthly | Hold | Other: | |
| 2.MODE OF FORWARDING: | Regular Mail | ○ Airmail | Registered Ma | nil | |
| 3. COURIER SERVICE: | ODHL | Federal Expres | Other: | | |
| I. DOCUMENTS REQUIRED: | Notarized Passpor | t Copy for Individual | or Directors and/or | | |
| | Certificate of Inco | orporation for the Co | mpany | | |
| 5. ADDRESS TO BE COURIER: | USED FOR THE I | - If you use | G OF MAILS E a P.O. Box num dress for mails | mber, include | |
| Attention:(If differen | t from name of client |) AUTHORI: SIGNATUI | | | |