

APPLICATION FORM

(Simply complete this form and return it to us to set up your mail order account with us)

Type of Customer (Please tick):					
Private 1	Individual	Stamp dealer/shop	Company		
	PERSO	ONAL DETAILS			
Name of Applicant:					
Mailing Address:					
		Pin Cod			
		Pill Cou			
		AND / OR			
I wish to take out a gift	subscription in the name	e of:			
Name of Recipient:					
Mailing Address:					
-					
		Pin Cod	e		
Once a Year	Twice a Year	Four times a year	Six times a year		

ORDER FORM

S. No.		ITEM	QUANTITY	
1.	(i)	Mint Commemorative Stamps		
	(ii)	Mint Commemorative Stamps without personalities series		
	(iii)	Mint Definitive Stamps		
	(iv)	Top marginal block of 4		
	(v)	Bottom marginal block of 4		
	(vi)	Full Sheet		
2.	(i)	First Day covers affixed with stamp and cancelled		
	(ii)	First Day covers without personality series		
	(iii)	First Day Covers - blank		
3.	(i)	Information Brochure - affixed with stamp and cancelled		
	(ii)	Information Brochure - blank		

4.	(i)	Annual Stamp Pack	
	(ii)	Special Annual Stamp Pack of Personalities only	
	(iii)	Children's Special Annual Stamp Pack	
	(iv)	Special Collector's Stamp Pack (Thematics) for gifts	
	(v)	First Day Cover Pack (Annual Thematic)	
5.		Postal Stationery (From limited seven bureaux only - Delhi, Calcutta, Mumbai, Chennai, Bangalore, Hyderabad and Ahmedabad)	
6).	Mini sheets / souvenir sheet	
7	7. Any other item		

Date:

Signature of Applicant

NB

- Please ensure that there is sufficient balance in your account to ensure regular receipt of new issues. Please note mail order service is for new issues only. 1.
- 2.
- Please specify the Bureau you choose in the address portion. 3.

FOR OFFICE USE

Account Number allotted:

Other particulars:

