Subscriber Registration Form

For office use only	
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M	andatory Area (Please fill	l with clear handwriting)
1.	Name in Full	: (Ms/ Mr/ Rev)
2. 3.	Name with initials Date of Birth (dd/mm/yy)	:
4.	Gender	: Male Female
5.	NIC No	:
	(National Identity Card Number)	
6.	Delivery Address	:
7.	Correspondence Address	: (If delivery address same $\boxed{\hspace{1.5cm}\sqrt{\hspace{1.5cm}}}$)
8.	Contact No. (Mobile)	:
	Contact No. (Residence)	·
	Contact No. (Office)	:
9.	Fax	:
	E- mail	
	Preferred Language	: Sinhala Tamil English
	Treferred Language	Siimulu ruiiii English
Op	tional Area	
12.	Designation	:
	Interested Themes	
10.	microsca memos	·
Fo	r Foreign Customer	
14.	Bulletin	: Yes No
	(Free item but additional postage v	
15.	Time period to execute	: In three months In six months
	your order	
	Signature	Date

SRI LANKA POST – PHILATELIC BUREAU

FOREIGN STANDING ORDER REQUEST FROM

(In respect of forthcoming issues)

Item

No

Signature Of Applicant

|--|

Quantity Required

Date

Special

			Mint	To Order	Instructions
1	Stamps			10 Order	
_	Single Stamp				
	Strip of two Stamps	a) Horizontal			+
		b) Vertical			
	3. Block of four Stamps	,			
	4. Corner block of four Stamps	a) Upper left corner			
		b) Upper right corner			
		c) Lower left corner			
		d) Lower right corner			
2	Souvenir / Miniature Sheets				
3	First Day Covers				
4	Special Commemorative Cover				
5	Post Cards				
6	Aerogrammes				
7	Pre – Stamped Envelopes				
8	Folders				
9	Presentation Packs				
10	Annual Stamp Packs				
In Re	spect Of Standing Order above men	tioned" I am Sending	Rs.		
Paym	nent Method:				
•	Please refer the way of payment me	thods by Philatelic Bureau S	ri Lanka.		
If Pay	yment Method is Money Order / Che	eque No:			
The F	Post office/Bank & it's branch where	from Money order / Che	que was ob	tained:	
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