Subscriber Registration Form

For office use only	
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M	andatory Area (Please fill	with clear handwriting)
1.	Name in Full	: (Ms/ Mr/ Rev)
2.	Name with initials	:
3.	Date of Birth (dd/mm/yy):	
	Gender :	: Male Female
5.	NIC No :	:
٥.	(National Identity Card Number)	
6.	Delivery Address :	·
		y
7.	Correspondence Address :	: (If delivery address same $\boxed{\;\sqrt{\;}}$)
		,
8.	Contact No. (Mobile)	
	Contact No. (Residence)	:
	Contact No. (Office)	·
9.	Fax :	:
10.	E- mail :	:
11.	Preferred Language	: Sinhala Tamil English
Оp	tional Area	
12.	Designation :	:
13.	Interested Themes	·
Fo	r Foreign Customer	
14.	Bulletin :	: Yes No
	(Additional postage will be added in	
15.	Time period to execute :	In three months In six months
	Signature	

SRI LANKA POST – PHILATELIC BUREAU

Philatelic Service Standing Order Subscriber Request Form

(I.	N RESPECT OF	FORTHCOMING IS	SSUES)
Class	Qty of Items Required		Special Instruction
	Mint	Cancelled to Order	
1 Definitive Stamps			
2 Commemorative Stamps			
3 Souvenir Sheets			
4 Aerogrammes			
5 Post Cards			
6 Pre-Stamp Envelopes			
7 First Day Cover (FDC)			
8 Special Commemorative Covers			
9 Sheetlets (For Special Issues)			
10 Picture Postcard packs			
11 Folders			
12 Greetings Cards			
13 Booklets			

Date

Signature of Applicant