

Post Service Application Form

Information Column(Filled by applicant or guardians)	
Applicant's Name:	Recipient's name, address(including post code) and contacting information:
Mobile Phone:	
Email:	
Declaration Section(Signed by applicant or guardians)	
I understand and agree that the passports will be mailed by a third party. CVS Center in Gothenburg does not take any responsibility for lost/damage/delay or any such reasons due to return of mailing.Post service can not be canceled once you apply.	
Declared by:	
Date:	

.....

Receipt Column

Receipt's name:
Pick up form number:
Accepted date:

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