



GOVERNMENT OF BERMUDA
Ministry of Finance

The Bermuda Post Office

APPLICATION FOR POSTAGE PAID PERMIT

I/We enclose the sum of \$_____ which covers the annual fee for a Postage Paid Permit and undertake to make postings in accordance with the Conditions outlined in the Regulations.

NAME OF APPLICANT: _____

BUSINESS ADDRESS: _____

TELEPHONE NO: _____

TOTAL ESTIMATED
YEARLY POSTINGS: _____

SIGNATURE OF APPLICANT: _____

POSITION: _____

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FOR OFFICIAL USE ONLY

PERMIT GRANTED: YES () NO ()

PERMIT NO. ISSUED:

DATE: _____

SIGNATURE OF POSTAL OFFICIAL: _____

FOR THE POSTMASTER GENERAL