



eBox Number: \_\_\_\_\_

## Republic of Palau Postal Service

P.O. Box 1982, Koror, PW 96940

Phone: (680) 488-2406/4755

Email: [roppostalror@palaunet.com](mailto:roppostalror@palaunet.com)

Web: [www.palaupost.pw](http://www.palaupost.pw)

### Postal eBox Application

*\*All fields in this application form are required.*

\*This eBox will be used for:  Government/Business/Organization  Personal

#### Personal information

\*Name: (First Last MI) \_\_\_\_\_  
Must be identical with the name on your ID

\*Physical Address: \_\_\_\_\_

\*Phone No. \_\_\_\_\_ \*Alternate Phone No(s). \_\_\_\_\_

\*Email address: \_\_\_\_\_

\*How would you like to receive secondary notifications?

- Text Message \_\_\_\_\_
- Messenger \_\_\_\_\_
- Whatsapp \_\_\_\_\_

\*ID Type:                      \*Identification Number: \_\_\_\_\_ \*SS#: \_\_\_\_\_

- Driver's License
- Passport
- Foreign Workers Permit/Spouse Permit/Other:(Specify) \_\_\_\_\_

*Note: the name on your mail items **MUST** match the name on this application and your ID.*

**\*Signature of Applicant:** *I certify that all information furnished on this form is accurate, truthful, and complete. I understand that any person(s) who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties and imprisonment. By signing this document, I agree to abide by the rules and regulations governing the eBox and PO Box Service of the Republic of Palau Postal Service and the United States Postal Service. In the event that I fail to abide by any rules or regulations, I understand that the Republic of Palau Postal Service has the exclusive right to terminate my subscription at any point in time, at its own discretion, as it deems necessary.*

\_\_\_\_\_

Date: \_\_\_\_\_