



# COMPANIES OFFICE OF JAMAICA

## Document Dispatch Request Form

### APPLICANT

NAME: \_\_\_\_\_ TEL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

BUSINESS/COMPANY NAME: \_\_\_\_\_

BUSINESS/COMPANY NUMBER: \_\_\_\_\_

DOCUMENT/S BEING DISPATCHED: \_\_\_\_\_

#### KINDLY INDICATE METHOD FOR DISPATCH

Check (✓) as appropriate

- |  |   |
|--|---|
| <input type="checkbox"/> Courier Service | <input type="checkbox"/> Pickup                       |
| <input type="checkbox"/> Registered Mail | <input type="checkbox"/> Other (Please specify) _____ |

Kindly indicate your preferred Courier Service provider (if applicable). All fees must be paid in advance for Courier Service requests:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICIAL USE ONLY

Fee Paid: \$ \_\_\_\_\_

Received By: \_\_\_\_\_ Date \_\_\_\_\_

