



MALAWI POSTS CORPORATION

HEAD OFFICE
GLYN JONES ROAD
P.O. Box 602
BLANTYRE

Telephone : (265) 1 822 144
Telefax : (265) 1 820 188
E-mail: pmq@malawiposts.com

INFORMATION UPDATE FOR INDIVIDUAL CUSTOMERS

PERSONAL DETAILS

Please fill in all the required details

Title* (tick where appropriate): Mr. Mrs. Miss Dr. Prof
Any (specify _____)

Last Name*

First Name*

Middle Name

Occupation: Employer:

Gender* (tick where appropriate) M F

Marital Status*: married single divorced widow widower

Date of Birth: Place of Birth:

Country of residence: Nationality*

ADDRESSES

Postal Address

Physical address:

CONTACT

Telephone number: Email address:

UTILITY BILL ACCOUNT NUMBER

Escom

Water Board

Other

IDENTIFICATION

Identification type*(Malawian citizens MUST provide national ID)

National ID Passport Issue

National ID:

Passport ID (Non Citizen):

Issue Date: Expiry Date:

Country of Issue ID verification number (Official use only):

Date _____

Signature of Applicant

For official use only

Certified that I have verified all the documents submitted with this form and that all KYC norms are fully complied with

Signature of Postal Officer

Name of the Postal Officer

Signature of Post Master

Name of the Post Master

Date:

Stamp: