



## APPLICATION FORM

### Primary Account Holder

Title : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Surname : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Nationality : \_\_\_\_\_

Physical address : \_\_\_\_\_  
P. O. Box number : \_\_\_\_\_  
Email address : \_\_\_\_\_  
Social Media Handle : (Facebook) \_\_\_\_\_ (Instagram) \_\_\_\_\_  
Tel#: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

### Secondary User

Title : \_\_\_\_\_  
First Name : \_\_\_\_\_  
Surname : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Nationality : \_\_\_\_\_

Physical address : \_\_\_\_\_  
P. O. Box number : \_\_\_\_\_  
Email address : \_\_\_\_\_  
Social Media Handle : (Facebook) \_\_\_\_\_ (Instagram) \_\_\_\_\_  
Tel#: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_



**Shipping address:**

**3387 SW 13th Avenue**

**Fort Lauderdale,**

**Florida, 33315**

**USA**

Please [click](#) here to read the Home Shopping service agreement terms and conditions

**Acknowledgement**

By ticking the box /signing below the customer acknowledges having read all the terms and conditions and agrees to abide by these operational regulations and is in full agreement to their enforcement for the efficient processing of their Home Shopping packages.

I agree

**Applicant's signature:** \_\_\_\_\_

**Date** \_\_\_\_\_ **20** \_\_\_\_\_.

**AUTHORISED PERSON (If applicable)**

Person authorized to collect packages on behalf of primary account holder and or secondary user.

Name of authorized person: \_\_\_\_\_

**Kindly indicate where you learnt of our Home Shopping (ocean freight) service**

- Radio advertisement
- Newspaper advertisement
- Flyers/posters
- Facebook
- Instagram
- Government of Anguilla website
- Email
- Friend
- Promotional event
- Family member
- Postal employee
- Other (state) \_\_\_\_\_