



GENERAL POST OFFICE
Bay Road, Basseterre, St. Kitts
Contact: (869) 467 1344/1343
Email: sknusmailbox@gmail.com

U.S. MAILBOX APPLICATION FORM

NAME: _____ (FIRST) _____ (MIDDLE)
_____ (LAST)

GENDER: MALE FEMALE

ADDRESS: _____

TELEPHONE: _____ (WORK) _____ (HOME) _____ (CELL)

EMAIL (please print clearly): _____

ADDITIONAL USERS AND EMAIL: _____

Please consider the following important information when shopping:

1. **Your invoice** is used to calculate the insurance and customs charges on your package(s). Timely submission of invoices will help to expedite package processing time, minimize you wait time and thereby enhance your overall experience.
2. **Insurance** – All packages are charged an insurance fee, which is 2% of the item’s total value or a minimum charge of EC\$5.00. Should the package become damaged, during shipment from Miami, Florida to St. Kitts and Nevis, the customer may claim up to 80% of the item’s total value, but not to exceed EC\$1,000.00.
3. **Volumetric/Dimensional Weight** – Packages that are extra large in size or irregular shaped may be charged by dimensional weight $[(L \times H \times W) / 166]$. Examples of such items are TVs, computers, antennas, weed eaters and baby car seats.
4. We kindly advise that you not ship **hazardous items**, as these goods are potentially dangerous if transported by aircraft and will incur an additional charge. Examples of such items are shock absorbers, aerosols sprays, colognes, perfumes, hand sanitizers, paint and anything of alcoholic content.
5. **Consolidation/Repacks** – At the customer’s request, the staff at the warehouse in Miami, Florida will consolidate smaller packages into one box. Please note that items will not be taken out of their original packaging, but will be simply repacked in a larger box. **Consolidation/Repacks are offered at an additional cost.**

I hereby authorize the St. Kitts and Nevis General Post Office and its USA representative to open and clear all packages addressed to me, using the U.S. Mailbox service. I further agree to accept all shipping charges and customs duties that would be assessed on these imported items and understand that such fees must be settled, by me, before packages are delivered.

Signature of Applicant and Date

FOR OFFICIAL USE ONLY

(1) ID TYPE: _____ (1) ID #: _____

(2) ID TYPE: _____ (2) ID #: _____

ACCOUNT NUMBER: SKB _____

START DATE: _____

SIGNATURE OF OFFICER & STAMP: _____