



Postal affairs department

## APPLICATION FOR LICENCE TO PROVIDE POSTAL SERVICES IN SWEDEN

By virtue of §4 postal services act (1993:1684)

### APPLICANT

#### *Contact person*

Name	Title
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#### *Company*

Business name	Registration number
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Legal status	Postal address
Phone number	E-mail address

#### *Description of services to be provided*

Eg. Area of distribution, delivery frequency, kind of items, mode of payment, customers
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#### *Signature*

Place and date
Signature