



Application Form for"Commemorative Postmark Cancellation Service"

Information of	f Organization							
Name of Or	rganization:							
Responsible Person:				Title:				
Address:								
Contact Per	rson:							
Tel: (Company)			_(Mobile)					
Fax:		E-mail:						
Commemorative	Postmark Cancella	ntion Service						
Theme	(Chinese) :							
	(Portuguese) :							
	(English) :							
Service Date & Opening Hour:								
Service Location:								
Commemorat	ive Envelopes							
Printing Qu	antity:							
Utilize:				1.				
	Sale to Pu	blic (MOP		each)				
The Organization is required to submit 85 commemorative envelopes to Macao Post and Telecommunications Bureau at cost or free.						and		
Please select:		ng to the cost	or					
Authorized Signature	e:							
Date: Company Chop:								

*Macao Post and Telecommunications Bureau only accepts the application form with the Responsible Person's signature, company chop and date.

This application form together with the design of the commemorative envelope and the commemorative chop must be submitted to Macao Post and Telecommunications Bureau for approval via Mailing / Fax / E-mail <u>at least 30 days</u> before the activity day. The commemorative envelope must be printed with the authorization number issued by Macao Post and Telecommunications Bureau.

Please contact the Philately Division – Philatelic Design and Promotion Area by tel: 8396 8502.

Mailing Address

Macao Post and Telecommunications Bureau Tel: 2857 4491 Philately Division Fax: 8396 8603

Largo do Senado, Macao E-mail: philately@ctt.gov.mo