



**Task Title: Complete a Simple Personal Information Form**

OALCF Cover Sheet – Learner Copy

**Learner Name:** \_\_\_\_\_

**Date Started:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Successful Completion:** Yes  No

**Goal Path:** Employment  Apprenticeship

Secondary School  Post Secondary  Independence

**Task Description:** Complete the personal information sections of a Canada Post Mail Forwarding (Change of Address) form.

**Main Competency/Task Group/Level Indicator:**

- Communicate Ideas and Information/Complete and create documents/B3.1a

**Materials Required:**

- Pen/pencil and paper and/or digital device

## Learner Information

When preparing for a move, it is a good idea to purchase the mail forwarding service from the post office. Mail addressed to the old address will then be forwarded to the new address.

Scan the **Canada Post Mail Forwarding** form.

# Task Title: Complete a Simple Personal Information Form\_EI\_B3.1a



## MAIL FORWARDING

This service is available at [canadapost.ca/mailforwarding](http://canadapost.ca/mailforwarding)

Français au verso

### SERVICE DETAILS

<p><b>1. What is the service for?</b> (Select the option that best applies)</p> <p><input type="checkbox"/> Moving to a new address</p> <p><input type="checkbox"/> Temporarily relocating and returning to original address</p> <p><input type="checkbox"/> Other (Manage self or other people's mail at a different address without relocating)</p> <p><b>2. What type of mail are you forwarding?</b></p> <p><input type="checkbox"/> Residential      <input type="checkbox"/> Business (must also be selected for both residential and business mail)</p>	<p><b>3. Who is the service for (if residential request)?</b></p> <p><input type="checkbox"/> Yourself and any others at the same address</p> <p><input type="checkbox"/> On behalf of other people only</p> <p><b>4. Does this include a deceased individual?</b></p> <p><input type="checkbox"/> Yes (also check box in the Mail Recipients section)    <input type="checkbox"/> No</p>	<p><b>5. Are all residents of the current address moving or temporarily relocating to the new address?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <hr/> <p><input type="checkbox"/> <b>By checking this box, I understand and confirm that:</b></p> <ul style="list-style-type: none"> <li>- I am authorized to purchase Mail Forwarding on behalf of those named below;</li> <li>- I have read and agree to the Terms and Conditions;</li> <li>- it is a criminal offense to purchase Mail Forwarding on behalf of individuals without their prior consent; and</li> <li>- the information provided will be used to forward mail upon payment.</li> </ul>
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### REQUESTOR'S DETAILS

First name	Last name	Email address*	Daytime telephone no.
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\*By providing your email address, you will benefit from the following: receive an electronic receipt, service-related communications and offers that might interest you; and access the online self-serve tool to extend or make changes to your service. Your email is not disclosed to other organizations.

### MAIL RECIPIENTS

MAIL WILL BE FORWARDED FOR NAMED MAIL RECIPIENTS ONLY. To ensure all your mail is forwarded, use your name as it appears on your government-issued photo ID. Do you go by an alternate name?  Yes     No  
 Alternate names need to be listed as additional people. You can include up to 8 names. The first four names are included in the base fee.

		Deceased <input type="checkbox"/>			Deceased <input type="checkbox"/>
1) First name or Business name	Last name	<input type="checkbox"/>	5) First name	Last name	<input type="checkbox"/>
2) First name or Business name	Last name	<input type="checkbox"/>	6) First name	Last name	<input type="checkbox"/>
3) First name	Last name	<input type="checkbox"/>	7) First name	Last name	<input type="checkbox"/>
4) First name	Last name	<input type="checkbox"/>	8) First name	Last name	<input type="checkbox"/>

### WHAT IS THE CURRENT ADDRESS?

Unit/Apt no.	Street no.	Street name	PO Box no.	RR no. (rural only)
City/Municipality		Province	Postal code	

### WHAT IS THE NEW ADDRESS?

Unit/Apt no.	Street no.	Street name	PO Box no.	RR no. (rural only)
City/Municipality		Province	Postal/Zip code	Country

### EFFECTIVE SERVICE DATES

<p><b>When will the service start?</b> (Start date must be at least 3 business days from today)</p> <p>year      month      day</p>	<p><b>Enter an end date if the service is for Temporary relocation or Other.</b>                  Mail delivery resumes the next business day following your end date.</p> <p>year      month      day</p>
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## Work Sheet

**Task 1: Complete the Canada Post Mail Forwarding form provided using the following information:**

- **You are moving to a new address**
- **The service is for you only**
- **Current address: Your mailing address**
- **New address: 123 Main Street, Ottawa, Ontario, L9L 3M3**
- **Effective Service Date: January 1 of next year**

Answer:

Task completed: Yes:  No