

The Online Mailback System (TOMS) Registration Form

(33)

Client Information

Full Name: _____
Last *First* *Middle*

Address: _____
Street Address *Apt.#*

_____ *City* *Province* *Postal Code*

Home Phone: () _____ Alternate Phone: () _____

Valid E-mail Address: _____

Case Number: _____

I/we agree to submit our mailbacks online. I/we understand that upon registration for The Online Mailback System, and unless otherwise notified, my/our benefits will be issued through this process only.

Please register me/us for The Online Mailback System. I/we agree that mailbacks submitted through this system will be with my/our full knowledge and consent.

Signature of client

Signature of spouse

Date: _____
(year/month/day)

Return form by mail or fax to: Document Processing Unit
P.O. Box 8790
St. John's, NL
A1B 5E4 Fax: 729-2641