

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 spouseDate: _____
(year/month/day)

Return form to:

Document Processing Unit
P.O. Box 8790
St. John's, NL
A1B 5E4Or Fax: 729-2641 or Email: incomesupport@gov.nl.ca