

Permanent change of address for business

The name of the business (in the Brønnøysund Register).*		Organization number of t	Organization number of the business	
		Organization number of t	he subdivision (if relevant)	
If the change of address concerns a subdivision, we need the name of the subdivision.				
Former postal adress		New postal address		
Street name and number (where relevant entrance/flat number) or post office box number		Street name and number (who or post office box number	Street name and number (where relevant entrance/flat number) or post office box number	
Postal code	Post office/city	Postal code	Post office/city	
Telephone		Country	Country	
New invoice address*		Address for visitors/de	Address for visitors/delivery of parcels*	
Street name and number (where relevant entrance/flat number) or post office box number		Street name and number (who or post office box number	Street name and number (where relevant entrance/flat number) or post office box number	
Postal code	Post office/city	Postal code	Post office/city	
If different from the postal address				
Date and forwarding p	eriod			
Start date ddmmyyyy	Tick out the forwarding period, the first 2 months are free 2 mos. 4 mos. 6 mos. 8 mos. 10 mos. 12 mos. 14 mos. Forwarding of mail can, at the earliest, start 5 working days after the form is received at Posten Kundeservice			
A power of attourney must be attached if the form is signed by somebody other than the person responsible/the CEO.				
Date	Occupational position Si	ignature	Name, in BLOCK LETTERS	