

**CLIENT INFORMATION FORM**

NAME OF CLIENT: \_\_\_\_\_

ID CARD / PASSPORT No: \_\_\_\_\_

MOBILE No: (\_\_\_\_\_) \_\_\_\_\_

FIXED LINE: (\_\_\_\_\_) \_\_\_\_\_

PERSONAL E-MAIL: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

TOWN / CITY: \_\_\_\_\_

COMPANY REG. No: \_\_\_\_\_

VAT REG. No: \_\_\_\_\_

FIXED LINE: (\_\_\_\_\_) \_\_\_\_\_

FAX No: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OTHER DETAILS:

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