



**CUSTOMER INFORMATION FORM (Individual)**

New Customer

Existing Customer

Date \_\_\_\_\_

<b>Project :</b>		<b>Unit No:</b>	
<b>*First name</b>	<b>*Middle Name</b>	<b>*Last Name</b>	
<b>*Nationality</b>		<b>Passport No.</b>	
<b>Company</b>		<b>Occupation</b>	
<b>Sex</b>		<b>Date of Birth</b>	
<b>Res. Tel no.</b>		<b>*Off Tel no.</b>	
<b>*Mobile no.</b>		<b>Fax no.</b>	
<b>*Email</b>			
<b>*Address 1 (Mailing Address)</b>			
<b>*P.O. Box</b>		<b>Zip Code</b>	
<b>*City</b>		<b>*Country</b>	
<b>Address 2</b>			
<b>P.O. Box</b>		<b>Zip Code</b>	
<b>City</b>		<b>Country</b>	
<b>*Signature</b>			

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