



CLIENT INSPECTION FORM

FULL NAME:

E-MAIL ADDRESS

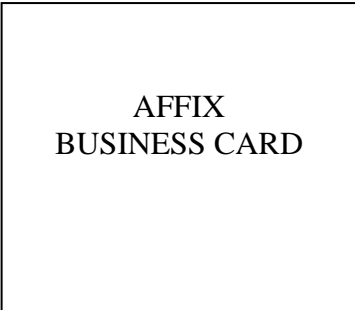
MOBILE NO.:

NATIONALITY:

YOUR REQUEST:

BUDGET:

DATE.....



SIGN

For Official Use Only:

Date Client Inspection was carried out:

Remark: