

# REGISTRATION FORM

Company Name:  
Office Address:  
Facility Address:

Contact Person:  
Position/Title: E-mail Add:  
Telephone No: Mobile No:

**Major Clients you have worked with in the past 5 years:**

Client Name:  
No. of years From which year:  
Type and Volume of work:

Client Name:  
No. of years From which year:  
Type and Volume of work:

Client Name:  
No. of years From which year:  
Type and Volume of work:

Client Name:  
No. of years From which year:  
Type and Volume of work:

Client Name:  
No. of years From which year:  
Type and Volume of work:

I confirm that all information stated above are correct and true.

