Visitor Information Form

\* For your own safety, we are required to ask you to fill in the form before entering the premises.

Visitor Full Name Date

Contact:

 (Please fill in the form with accurate information.)

1. **Do you want to have an appointment or sales query?**

 YES NO

1. **To whom you want to meet?**
2. **From where you heard about us?**
3. **Why to want to meet?**
4. **Would you want us to contact you in future about new products?**

 YES NO

1. **Do you want us to send someone after your visit?**

 YES NO

1. **Will you allow us to share your personal information?**

 Only myself

 Myself and

Signature