

International Information Report Order Form



Please complete all sections as fully as possible and fax to +27 011 206 2626 or E-mail to inforeports@cofaceza.com
Mandatory fields are in BOLD.

Please note that if the information below is incomplete, this may lead to a delay in the processing of your order.

Date of order:

| | | | | | | | |
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I. YOUR INFORMATION

I.1 **Name:**

I.2 Client account number:

I.3 **E-mail Address:**

I.4 **Company:**

I.5 Address:

I.6 Telephone number:

I.7 **Country:**

2. I WISH TO ORDER AN INTERNATIONAL INFORMATION REPORT

2.1 **Company:**

2.2 **Address:**

2.3 **State / Province / Region:**

2.4 Zip / Postal code:

2.5 **Country:**

2.6 **Phone:**

2.7 Fax:

2.8 **May we release your name:** **Yes** **No**

2.9 The name to release is:

2.10 Ask a specific question, or provide comments /

2.11 Special requests:

3. DECLARATION

3.1 I declare that to the best of my knowledge and belief, the above statements are true and complete.

Authorised signature:

Date:

Full name in capitals:

Position:

For and on behalf of: