

CONFIDENTIAL APPLICATION FORM

Clients should complete the form fully in BLOCK CAPITALS

PERSONAL

Name of Individual.....

Address.....

.....Telephone Number.....

BUSINESS

Name of Proprietor, Partner, Director.....

Name of firm, business, company.....

Address.....

.....Telephone Number.....

Nature of Business.....

BANKERS

Name.....

Address.....

**SERVICES REQUIRED
(please tick)**

MAILING ADDRESS	<input type="checkbox"/>
MAIL COLLECTED	<input type="checkbox"/>
MAIL POSTED ON	<input type="checkbox"/>
PRIVATE OFFICE	<input type="checkbox"/>

TELEPHONE ANSWERING	<input type="checkbox"/>
MESSAGES HELD	<input type="checkbox"/>
MESSAGES TELEPHONE FOR	<input type="checkbox"/>
SECRETARIAL SERVICE	<input type="checkbox"/>

FORWARDING ADDRESSES AND ANY SPECIAL INSTRUCTIONS

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SERVICE TO COMMENCE FROM.....

I agree to abide by the conditions of the company printed overleaf, and to give you written notice of one month's termination.

Signature.....Date.....