

Know Your Customer Data Form

Date: _____

A. General Information

Name:			
Designation:			
Mobile No.:			
Decision Maker:		Mobile:	
Company Name:			
Address:			
Phone:			
Fax:			
Email:			
Website:			

B. Your Requirements & Plan

	TECHNOLOGY
Area of Interest: <input type="checkbox"/> Process Technology <input type="checkbox"/> Plant/Equipment <input type="checkbox"/> Technical Consulting <input type="checkbox"/> All of the above	<input type="checkbox"/> Fiber Cement Sheets <input type="checkbox"/> Calcium Silicate Boards <input type="checkbox"/> A.C. Corrugated Roofing Sheets <input type="checkbox"/> Autoclaved Aerated Concrete (AAC) Blocks <input type="checkbox"/> Lightweight Concrete Sandwich Panels <input type="checkbox"/> Calcium Silicate Insulation Blocks <input type="checkbox"/> Other _____
Capacity:	_____ <input type="checkbox"/> Tons/Day <input type="checkbox"/> m ³ /Day <input type="checkbox"/> Panels/Days
Estimated Purchase Date for Plant/Equipment:	<input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> Just need information
Location (if finalized):	
Land Area Available:	_____ Acres Water Availability: <input type="checkbox"/> Yes / <input type="checkbox"/> No
Source of Funding:	<input type="checkbox"/> Bank Finance <input type="checkbox"/> Self Finance <input type="checkbox"/> Bank & Self
Market Survey for Product:	<input type="checkbox"/> Done <input type="checkbox"/> Not Done

Please email the completed form to: mfmahmed@gmail.com