



TECHNICAL SERVICES ENQUIRY FORM

Date: _____

ENQUIRER'S DETAILS

Company Name: _____

Contact Person: _____

Postal Address: _____

VAT Reg. No. _____

Tel No.: _____ **Fax No.** _____

e-mail: _____

Workplace Fire Risk Assessment	Fire Investigation	Technical Information	Fire Safety Advisory Service

NATURE OF ENQUIRY:

For office use only

Membership	Corp	FAM	IAM	Non-member
Acct. Number				