

HT GROUP SA - CLIENT INFORMATION

1a

Personal Information

Title (Mr, Mrs, Miss)	
Capacity (delete as appropriate)	Beneficial Owner/ Shareholder/ Director
First Name	
Family Name	
Street, Address	
Post Code / City	
PO Box	
Country	
Telephone:	
Mobile	
Office	
Private	
E-mail	
Date and Place of birth	
Nationality	
ID or Passport number	
Social Security number	
Referred by	

Parent Company Information

Company Name	
Street, Address	
Post Code / City	
PO Box	
Country	
Description of Activity	
Office Phone	
Fax Office	
E-mail	
Company Registration number	
VAT number	
Web Site	

By completing this form and signing it you have agreed that should you not use our services, within the next two weeks, to put into action the advice that has been given by email or during our meeting you will be due to pay a fee of €300 plus 15% VAT for the meeting. If you have paid this amount and you then use our services for the advice that has been given, this amount will be credited against the fees payable for that service.

Advice Given :

Also by signing this form, I authorise HT Group S.A. to use my personal data for their internal purposes only and to save this information in their database. I have been duly informed about the identity of the person, who is responsible for the maintenance of the data, the reasons for collecting the data, the potential receiver of my data, about the obligation to answer the questions concerning my data and the consequences of not answering, about my right of access to verify, respectively rectify my data and for how long it will be stored. I confirm that the above information are true and correct concerning myself and/or my company.

Date

Signature