

## Know Your Customer Data Form

Date: \_\_\_\_\_

### A. General Information

Name:			
Designation:			
Mobile No.:			
Key Contact:		Mobile:	
Company Name:			
Address:			
Phone:			
Fax:			
Email:			
Website:			

### B. Your Requirements & Plan

	TECHNOLOGY
	<input type="checkbox"/> Tag Based Proximity Warning & Alert System
Number of Systems Needed:	<input type="checkbox"/> 5 – 10 <input type="checkbox"/> 11 – 25 <input type="checkbox"/> 26 – 50 <input type="checkbox"/> 51 – 100 <input type="checkbox"/> 101 – 250 <input type="checkbox"/> 251 – 500 <input type="checkbox"/> More
Number of Tags Needed:	<input type="checkbox"/> 1 – 50 <input type="checkbox"/> 51 – 100 <input type="checkbox"/> 101 – 200 <input type="checkbox"/> 201 – 500 <input type="checkbox"/> 501 – 1000 <input type="checkbox"/> 1001 – 2000 <input type="checkbox"/> More
Estimated Purchase Date:	<input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> Just need information
Proposed Site of Installation:	