

The Interact Group DOCUMENT STORE

Application Form for Document Storage

Name of Company : _____

Business Registration # : _____

Director / Responsible Person / Contact Person : Name _____

: I.D./Passport # _____

: Phone # _____

: Fax # _____

: Email _____

: Address _____

License Period : _____ to _____ ;

or monthly from _____

Description of Licensee's goods : _____

Number of Storage Box(es) : _____

Designation of Storage Box(es) : _____

License Fee (HK\$) : _____ per month with _____ % discount

(HK\$) : or _____ per year

Refundable Deposit (HK\$) : _____

I declare that all information given by me in this application form is true and correct to the best of my knowledge and belief. I have read, understood and also agree to be bounded by the terms and conditions stated overleaf.

Signature with company chop

Printed Name of Signatory _____

Capacity _____

Date _____

Documents provided

B.R. copy

Director/Contact Person I.D. copy

Address Proof

The Interact Group Ltd.

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