E-mail:info@dneqd.com Web:www.dneqd.com

# **Inspection Information.**

Thank you very much for contacting DNE. Please fill up the form accordingly and send it to us. We assure you 100 % strict confidentiality. No information, project details or personnel names will be revealed. Gives us three working days to understand your requirements and reply you.

Fill in the Blanks.

#### (Company information) Table 1

Name of Company	Remark
Business License No-	
Registered At	(City / State / Province / Country)
Company Type	LTD, Inc etc.
Address 1	(Mailing address and official contact details of
City	company)
Country	
Phone	
Email	
Web page	
Owner / CEO / Director	(Contact Person Details)
Job Title	
Email	
Phone	



# **Supplier and Produt Details.**

### (Supplier Information) Table 2

Name of Company	Remark
Business License No-	
Registered At	(City / State / Province / Country)
Company Type	LTD, Inc etc.
Address 1	(Mailing address and official contact details of
City	company)
Country	
Phone	,
Email	
Web page	
Owner / CEO / Director	(Contact Person Details)
Job Title	
Email	
Phone	

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#### (Product Information) Table 3

Name of Product	Give us details.
Quantity	
Loading Port	
Shipment Date	
Port of Landing	
Number of people required	

(Please submit copy of Performa Invoice issued by the supplier and copy of contract duly signed and sealed.)