jacob associates

Questionnaire for New Clients

Family Name, Name: *Date of Birth:*

Company (if relevant) *Managing Director:*

Street: *Postal Code:* *City:*

Phone (daytime): *Cell Phone:*

Fax: *Email:*

Please briefly describe your request:

My preferred appointment date for a personal appointment:

Date/ Time:

- by telephone
- by Skype/ Teams/ Zoom
- in person at our office

A fee-based initial consultation takes effect as soon as a personal consultation begins. To engage our services for an initial consultation, please fill out this sheet, sign it and send it by post, fax or email back to us. You will then receive an invoice for € 321.30 (including 19% VAT - if applicable), which is due before the scheduled consultation takes place.

Thank You!

City: Date:

Signature

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