



# Commercial Information Centre

REF #

## Client Information Request Form

Date of visit \_\_\_\_\_

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Department/Organization \_\_\_\_\_

Contact Information: Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

\_\_\_\_\_

Were you satisfied with service provided?

Yes  No

Suggestions/comments: \_\_\_\_\_

\_\_\_\_\_

Was the request answered using CIC sources?

Yes  No  Partial

If no, where was request referred to? \_\_\_\_\_

### For Official Use Only

#### Sources Used for Information Request:

Books	<input type="checkbox"/>	Magazines	<input type="checkbox"/>	Gazette	<input type="checkbox"/>
Files	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Booklets	<input type="checkbox"/>
Brochures	<input type="checkbox"/>	Newspapers	<input type="checkbox"/>	Statutory Instrument	<input type="checkbox"/>

Other (please specify) \_\_\_\_\_

### Remarks

\_\_\_\_\_

Signature of attending officer \_\_\_\_\_



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### Remarks

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Signature of attending officer \_\_\_\_\_