



XANTHE DAVIES

CELL : 079 597 5173

EMAIL : info@gunsmart.co.za

CLIENT INFORMATION :

PHYSICAL ADDRESS : _____

POSTAL ADDRESS : _____

CELL NO : _____

TEL WORK : _____

FAX : _____

EMAIL : _____

PLACE OF BIRTH : _____

WHERE DID YOU GROW UP : _____

WHAT YEAR DID YOU MATRICULATE & TO WHICH SCHOOL : _____

WHAT DID YOU DO AFTER SCHOOL : _____

WHAT IS YOUR PROFESSION : _____

NAME OF COMPANY : _____

WORK ADDRESS : _____

SPOUSE FULL NAMES & ID NO : _____

DO YOU HAVE ANY PENDING / ONGOING / CASES AGAINST YOUR NAME? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

CASE NO: _____

COMPLAINT : _____

POLICE STATION: _____

OUTCOME : _____