

ENQUIRY FORM (for use by FTR offices)

Date Filled: _____

Unit or Company Name (if relevant): _____

Name: _____ Title / Function _____

Address: _____ City / Province _____

Phone: _____ Fax: _____ E-mail: _____

<input type="checkbox"/> Exporter	<input type="checkbox"/> Importer	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Government officer	<input type="checkbox"/> Chamber / Association
<input type="checkbox"/> Student	<input type="checkbox"/> Teacher	<input type="checkbox"/> Consultant	<input type="checkbox"/> Foreign Entity	<input type="checkbox"/> Other:

DESCRIPTION of the QUERY (Product / Service/ Market/ Type of information...):

Note: For office use only

This query has been received through...

<input type="checkbox"/> Visit	<input type="checkbox"/> Email	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Fax	<input type="checkbox"/> Letter	<input type="checkbox"/> Other
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This query attended by ...

<input type="checkbox"/> FTR office in:	<input type="checkbox"/> Other
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Names of officers involved: _____

Description of the tools and information sources used: _____

Date submitted: _____ Date answer provided: _____ Delay: ____ Day ____ Hr ____ Min

CLIENT SATISFACTION ABOUT THE SERVICE OBTAINED:

<input type="checkbox"/> Very useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not very useful	<input type="checkbox"/> Not useful
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Suggestions:

Signature :

Please attach your business card here