

## License Interest Registration Form

Kindly complete the following and fax or mail to us at LST Protocol International Pte Ltd, 30 Raffles Place #23-00 Caltex House, Singapore 048622. Tel: (65) 6233 6832. Fax: (65) 6233 6257. Email: [percetiq@percyinstitute.com](mailto:percetiq@percyinstitute.com).

Web: [www.thepercyinstitute.com](http://www.thepercyinstitute.com)

Upon receipt of your enquiry, we will be in touch with you for further discussion. All information will be kept strictly confidential.

### 1. Contact Information

Name of Company/Individual: \_\_\_\_\_  
Contact Person in Company: \_\_\_\_\_ Designation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_  
Tel: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Mobile)  
Fax No: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Website URL: \_\_\_\_\_

### 2. Business Interest Information

a) How did you hear about The Percy Institute of International Protocol?

\_\_\_\_\_

b) If you are representing a company, please state the business activities it is involved in.

\_\_\_\_\_

c) How many years has the company been in the business?

\_\_\_\_\_

d) In what geographical area are you interested to develop The Percy Institute of International Protocol License? Please specify.

\_\_\_\_\_

e) Please indicate your interest accordingly:

- I am interested to receive more information about The Percy Institute of International Protocol License
- I would like to speak to someone from The Percy Institute of International Protocol. Please contact me
- Others, please specify:

\_\_\_\_\_

We confirm that the information provided is true and correct and that The Percy Institute of International Protocol will rely on this information to assess the interest of my/our enquiry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_