Client Information Request Form

Date: ________________

Name: _________________________

Business/Organization: ____________________________

Profession: _______________________________

Contact Information:

Tel: ___________________  Email: ____________________

Details of the Type of Information Required:

____________________________________________________________________

____________________________________________________________________
For Official Use Only

Sources Used for Information Request:

Monographs □ Periodicals □ Gazette □
Vertical Files □ Internet □
Reference Books □ Newspapers □
Brochures □ Booklets □
Other (please specify) _________________________________

Was information adequately provided to the customer?
Yes □ No □

Was the request answered using CIC sources? Yes □ No □

If no, where was request referred to? __________________________
Time spent on answering request for information __________

Remarks
_____________________________________________________
_____________________________________________________

Signature of attending officer _____________________________