Enquiry date Consultant Comments							akili	
	CLIEN	T INFORMATIO	N: RESTA	<u>URANT</u>				
Possible Date:	20	RESTAUR	ANT.					
Select a time slot	13h00 – 16h00	16h30 – 22h00	]					
Select a type	Birthday Party	Baby Shower	Year End	function	Other:			
Select Area	Inside	Outside						
Day of the week: WHERE DID YOU HEA	AR ABOUT MAKI		•••••					
Client/ organizer/c	ontact person:							
Name and surname: _								
ID number:		·····						
Contact numbers: (w)	):							
(h):								
Cell:								
Email Address:								
				<del>                                     </del>				
Details: Person res	nonsible for navn	nonts:						
Name person or compar	ny:							
Contact person Name (if company): Contact					s: (w):			
ID number:					(h):			
If the persons cannot be	contacted, additional o	contact person: Name	:				•••••	
Contact number:		_						
		<u>Office</u>	Use					
				Sales	S Check I	ist		
Potjie Minimum Payment					Client Info in File			
Other Payments received:					Minimum payment Received			
					ed Contra		ved	
					Calendar Updated			
					nent on Li			
				Paym	nent on sa		ot .	
				Confl	rmation L	.e.i.ei 561	IL	