



峰命理風水

Feng Life Analysis & FengShui Consultancy
we bring your unknown destiny to you

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PRE-JOB SERVICE FORM

Name		Contact Number (h)	
Address		(m)	
		Email Address	
		*Date of Birth	
Occupation		**Place of Birth	
		Time of Birth (in 2 hours block)	

e-Voucher No (if any): _____

Job Instruction (please tick the desired box)

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | on-site FengShui audit (please input quotation number under remarks column) | |
| <input type="checkbox"/> | floorplan FengShui audit | |
| <input type="checkbox"/> | floorplan FengShui suitability check / new search | |
| <input type="checkbox"/> | name analysis | <input type="checkbox"/> Zi Wei Life Analysis Yearly Report |
| <input type="checkbox"/> | name selection | <input type="checkbox"/> Eight Characters Life Analysis |
| <input type="checkbox"/> | Zi Wei Life Analysis | <input type="checkbox"/> Eight Characters Life Analysis Yearly Report |

Informations Required (Please refer website for required information input)

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Remarks (if any)

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* Gregorian calendar details required.

**Place of birth required for the correct time zone information