

CLIENT INFORMATION SHEET

(Please leave this form with your Outfitter or PH or email to: info@karootaxidermy.com)

	CLIENT FULL NAMES:			
(This complete name should appear on the PH register. As stated on your passport-no initials)				
KAROO TAXIDERMY CLIENT LIAISON:				
OUTFITTER & PH:				
PROCESS: (Please click relevant tick box) TAXIDERMY DIP & PACK (RAW PREP)				
PERMANENT RESIDENTIAL ADDRESS: (This address should appear on the PH register)		SHIPPING ADDRESS: CONSIGNEE:		
STREET:		STREET:		
CITY:		CITY:		
ZIP CODE:		ZIP CODE:		
HOME TEL:		HOME TEL:		
HOME FAX		HOME FAX		
CELL/MOBILE		CELL/MOBILE		
E-MAIL		E-MAIL		
PREFERRED SHIPE	PING AGENT:	LOCAL TAXIDERN	IY NAME:	
CUSTOMS CLEARING AGENT / BROKER:		ADDRESS: (only if Dip & Pack)		
TROPHY CONSOLIDATION: (Please click relevant tick box)				
More than 1 client, with more than 1 crate and more than 1 export permit. ALL CRATES TO SHIP AT THE SAME TIME TO THE SAME PORT OF ENTRY.				
Consolidation 2 More than 1 client, shipped in 1 cra (Only legal to some ports in the			export permit.	
Consolidation 3 More than 1 client, shipped in 1 crate, with 1 export permit. (Not Legal in the USA and other selected destinations. HAS MAJOR VAT IMPLICATIONS FOR OUTFITTER)				
	NAMES OF CLIENTS TO	O BE CONSOLIDAT	ED:	
TOTAL AMOUNT PAID TO OUTFITTER AS DEPOSIT/ PAYMENT:				
PREFERRED METHOD OF PAYMENT (No Personal or Travellers Cheques):		EFT/WIRE TRANSFI	ER CASH	
SPECIAL INSTRUCTIONS:				
			COTORACE	
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TROPHY INSTRUCTIONS

Click in box and type your trophy instructions: