

AMERICITY TRADERS SERVICE REQUEST FORM

Instructions

Please fill in the required details below in clear handwriting or typewritten. Tick (✓) the appropriate service(s) you are interested in. Providing complete and accurate information will help us assist you efficiently.



Applicant's Information

Full Name _____ Phone _____

Email _____

Service Requirement

Please indicate the service(s) you are seeking assistance for (you may select multiple services):

- | | | |
|--|--|--|
| <input type="checkbox"/> Personal Assistance Services | <input type="checkbox"/> Real Estate Advisory | <input type="checkbox"/> Travel & Logistics Coordination |
| <input type="checkbox"/> Medical and Elder Care Services | <input type="checkbox"/> Educational & Career Services | <input type="checkbox"/> NRI Document & Legal Concierge |
| <input type="checkbox"/> Merchandise & Digital Products | <input type="checkbox"/> Commission-Based Partnerships | <input type="checkbox"/> Premium Membership Plans |
| <input type="checkbox"/> Custom Lifestyle & Event Planning | | |

Details of Requirement

(Provide a brief description of your specific requirement or any additional information you wish to share.)

Location Where Service is Required

Please provide the full address or location where you need the service to be delivered/arranged.

Address/Location: _____

Declaration by the Applicant

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that the services requested are subject to availability and further verification by Americity Traders.

Place: _____ Date: _____ Signature Of Applicant: _____