



# Client Consultation Form

FULL NAME

DATE OF BIRTH  Occupation

Address

City  Zip

Phone  Email

## BUSINESS NAMES

1.  2.

3.  4.

## BUSINESS ACTIVITIES

1.  4.

2.  5.

3.  6.

## PARTNERS FULL NAME & PERCENTAGE OF SHARE

1.  4.

2.  5.

3.



# Client Consultation Form

<b>FULL PACKAGE PRICE</b>	<input type="text"/>
<b>ADVANCE PAYMENT</b>	<input type="text"/>
<b>FINAL PAYMENT</b>	<input type="text"/>

## COMPANY FORMATION PACKAGE

- COMMERCIAL REGISTRATION**
- CHAMBER OF COMMERCE CERTIFICATE**
- TAX REGISTRATION**
- FEASIBILITY REPORT (BUSINESS PLAN)**
- ACTIVITY REGISTRATION**
- INVESTMENT LICENSE**
- VISA FOR INVESTOR**

### Terms & Conditions,

**Advance Payment: 50%**  
By agreeing to these terms and conditions, you acknowledge that an advance payment of 50% is required to start the process. The total cost of the package which will be due upon completion of your company registration. Final Payment you have to pay upon application of visa. We encourage you to carefully review the terms and conditions before proceeding.  
Thank you for choosing our services, we look forward to providing you with a memorable experience.

**Bank Account**  
**Bank Sohar international**  
**Title : Dreams business delight LLC**  
**Account number : 043020028013**  
**Swift code : BSHROMRUXXX**

**I agree to the terms of service**

**SEENMODE DIGITAL ADVERTISING & BUSINESS SOLUTIONS**  
**Dreams Business Delight LLC**  
Suite 109, Building 187,  
Al Mouj, Mawaleh North, Muscat,  
Sultanate of Oman

DATE

SIGN \_\_\_\_\_

If you have any questions, please contact us at [info@seenmode.com](mailto:info@seenmode.com)

**THANK YOU FOR YOUR BUSINESS.**