

VIP Customer Account Registration Form

Please complete this form in BLOCK CAPITALS. This document is for print and physical record-keeping purposes.

1. Personal Details

Title (e.g., Mr., Ms., Dr.):

First Name:

Last Name:

Date of Birth (DD/MM/YYYY):

Nationality:

2. Contact Information

Email Address:

Primary Phone Number:

Alternative Phone Number:

Street Address:

City:

State / Province / Region:

Postal / ZIP Code:

Country:

3. VIP Preferences

Preferred Method of Contact (Phone / Email / Mail):

Areas of Interest / Favorite Brands:

Dietary Restrictions or Preferences (for events):

Apparel or Shoe Sizes (if applicable for exclusive gifts):

Any Special Requests or Accommodations:

4. Authorized Signatures

Customer Signature (Write Name):

Date of Signature (DD/MM/YYYY):

5. Internal Office Use Only

Registered By (Staff Name):

Assigned VIP Tier Level:

Assigned Account Manager:

Approval Date (DD/MM/YYYY):