



CLIENT CONSULTATION FORM

1. CLIENT

Client Name _____

- Sole proprietor
- Non-profit Companies (NPC)
- Private Companies (Pty) Ltd
- Public Companies (Ltd)
- Personal Liability Companies (Inc.)
- State-Owned Companies (SOC Ltd)
- Foreign and External Companies

2. PROJECT

Project Name _____

Stage	Exists	Work in Progress	Required
Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standards : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prototype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production small / medium / large / mass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAT (Factory Acceptance Test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. CLIENT COMMENTS

Multiple horizontal lines for client comments.

5. ECAM SUGGESTIONS

Multiple horizontal lines for ECAM suggestions.

Feasible

Signed at _____

Client Signature

Date: _____

ECAM Consultant

Date: _____