CONFIDENTIAL

Form A-3

BOOKING FORM FOR VIP SECURITY SERVICES

Confirmed By/Date: _____

Personal details

Form Date:	
Name:	
Middle Name:	
Surname:	
Nationality:	
Birth date / Place:	
Passport No / Issued Country:	
Occupation:	
Marital Status:	N/A
No of Children/Ages:	N/A
Next of Keen:	
Next of Keen contact details:	
Home address:	
City / Zip:	
Country:	
Home phone(s) / including country code:	
Business phone(s) -//- :	
Mobile phone(s) -//- :	
Email:	

Resident details for Foreigners

Scope of your visit Country/City:	
Dates that you will stay in Country/City:	
Method / date you arrived in Country/City:	
Method / day you will leave Country/City:	
Where do you stay in Country/City?:	
Are you traveling alone?:	N/A
How many people travel/leaves with you?:	

Health details

Do you have any health problems?:	
Are you currently under a physician's care for any ailment or injury?	N/A

Are you taking any prescription medications? N/A

If **Yes** please describe:

Name of Medication	Dosage	Frequency	Any Side Effects?

Are you taking any non prescription medications? N/A

If **Yes** please describe:

Name of Medication	Dosage	Frequency	Any Side Effects?

Are you allergic to any other substances? N/A

If **Yes** please describe:

Name of Medication / Supplement	Reaction

Have you had any major illnesses/ surgeries?

Condition	Year

Habits

Any of your habits that we have to know and they have to do with your or your close to you people safety?:	

Security details

Reasons you need private security services?:	
Period you will need security services?:	
How many guards you need?:	N/A
Do you need 24hrs Service?:	N/A
Method of your moving in Country/City?:	
Will you need private car (If yes what kind)?:	N/A
Will you need escort car(s)?:	N/A
Will you need car driver(s)?:	N/A
If you are using private car, who is driving this?:	
Places/People that you plan to visit in City?:	
Places/People that you plan to visit out of City?:	
What risks do you believe you may face?:	

Your extra Remarks / Notices / Demands

Please send current form through email to: info@armour.gr

Contact phone: 0030 6972 925883

Contact person: Dimitrios Chalampalis