

## Preliminary Information Request Form

To be filled in by applicant or Company for availing the Salus Technologies gaming software as a service.

Personal Information of the applicant or Company	
Name of the Company:	
Registered Address:	
Registration Number	
Registration Country:	
Contact Person:	
Designation:	
Phone Number:	
Fax Number:	
Mobile Number:	
Official Email Address:	
Other Email Address:	
Contact Address:	
Postal Code:	
Province/State:	
Country:	
Domain/Web Site:	www.