**| NISSAN □ | SUZUKI □ | MARUTI □ | YAMAHA □ | PIAGGIO □ | NEW HOLLAND □ | OTHER Product □**

Associated Motorways Private Limited (AMW) would like to bring you the best of automotive products with the highest standards of Customer Service. In order for us to better understand your needs and expectations; please take a few minutes to fill in the following questionnaire and return same to us directly or any of our branches.

|  |  |  |
| --- | --- | --- |
|  | Salutation | Mr.□ Mrs.□ Ms.□ Dr.□ Prof.□ Ven.□ Rev.□ Other…………………….(Specify) |
|  | Name | First Name……………………………………………………………………….  Other Names…….…………………………………………………………….  Surname…………………………………..…………………………………….. |
|  | NIC No. | □□□□□□□□□ **V/X** |
|  | Date of birth | **D**□□ **M**□□ optional **Y**□□□□ |
|  | Contact Details | Mobile No. □□□-□□□□□□□  E mail…………………………………………………………………………….… |
|  | Postal address of residence | House No.: □□□□□□□□  Street: …………………………………………………………………….  City: ………………………………………………………………………..  District: …………………………………………………………………..  Province: □WP|□ CP|□ SP| □ NP| □ EP|  □ UP| □ NCP| □ NWP| □ SBP |
|  | Education | □Secondary|□Graduate  □Post Graduate|□Professional |
|  | Household Income (LKR, in thousands) | □15-30K, □30-50K, □50-75K, □75-100K, □100-200K, □Over 200K |
|  | Marital Status | □Single | □Married |
|  | Spouse’s Name  Does he/she drive | …………………………………………………………………………………………  □Yes | □No |
|  | Date of anniversary | **D**□□ **M**□□ **Y**□□□□ |
|  | Names of Children and their Date of Birth | Names & Dates of Birth   1. Name……………………………… **D**□□ **M**□□ **Y**□□□□ 2. Name……………………………… **D**□□ **M**□□ **Y**□□□□ 3. Name……………………………… **D**□□ **M**□□ **Y**□□□□ 4. Name……………………………… **D**□□ **M**□□ **Y**□□□□ |
|  | Preferred Language of Communication | □Sinhala|□Tamil|□English |
|  | Occupation / Profession |  |
|  | Employer / Company |  |
|  | Position within the company | □ Owner|□Director|□C-Level|□Senior  □Middle|□Executive|□Officer|□Clerical |
|  | Vehicle Ownership | □Own|□Leased|□Rented|□Company |
|  | Current Vehicle | * 1. Registration No.: □□□□□□□□□□   2. Make: …………………………………………………   3. Model: ……………………………………………….   4. Year of Manuf. : □□□□   5. Year of First Registration: □□□□   6. Brand New□, Reconditioned□   7. Mileage: ……………………………………. |
|  | Where do you service your vehicle? |  |
|  | Where do you repair your vehicle? |  |
|  | Preferred Media – Channel/Institution | * 1. TV :……………………………………………….   2. Radio :…………………………………………..   3. Press :……………………………………………   4. Magazine :…………………………………….   5. Other :………………………………………….. |

Thank you for taking the time to fill this Questionnaire. We hereby agree to use the above information only in respect of marketing and promotional activities conducted by AMW and ensure the confidentiality of all information provided.

**For office use only**

|  |  |
| --- | --- |
| Account No |  |
| Name of Employee |  |
| Sticker affixed |  |
| Location |  |
| Date |  |
| Privilege Card accepted by |  |
| Date |  |