



QUESTIONNAIRE

to consultation «BUSINESS & FINANCIAL ASTROLOGY»

Your nickname at registration:

Your e-mail address:

Order #:

- 1. What is your position within the company (business owner / managing employee)?**

- 2. What is your authority? Are there any financial, administrative or any other restrictions? (Please describe)?**

- 3. Type of business (describe the business process)**

- 4. Form of organization (sole proprietorship, partnership, corporation, company, etc.)**

- 5. Who owns your business (who has a majority stake)?**

- 6. Do you have employees (how many people)?**

- 7. Date of registration of the company / enterprise (if you have a question about it).**

After completing the Questionnaire, send it to your consultant