

7 A PREPARE Look at the form. Check that you understand all the information you need to write.



Customer Information

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname	<input type="text"/>			
First name(s)	<input type="text"/>			
Date of birth	<input type="text"/>			
Nationality	<input type="text"/>			
Address	<input type="text"/>			
Postcode	<input type="text"/>			
Email address	<input type="text"/>			
Phone number	<input type="text"/>			

