

Client Registration Form

To be completed by all clients receiving assistance through the Client Servicing Program

Business Information

Full legal name of business (sole proprietors fill in last name, first and middle initials) H2O HYDRATION WATER STORE	
Is your business registered with the Registrar of Companies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Business TRN (use personal TRN where a Business TRN is not available) 109-556-216-005	
Director(s) 1. _____ 2. _____ 3. _____ 4. _____	Name of Applicant HJORT HENRY Position MANAGING DIRECTOR ID Type DRIVERS LICENSE ID No. 109556216
Corporate address (do not use P.O. Box) 26 OLD HOPE ROAD KINGSTON 5	Address of Plant/Factory, if different
Email HJORTHENRY@GMAIL.COM	Email
Telephone 876-505-0707	Telephone
Fax	Fax
Number of years in operation 2 WEEKS	Number of employees

Products and Services

Products Manufactured / Services Offered 1. REVERSE OSOMOSIS PURIFIED WATER 2. _____ 3. _____ 4. _____ 5. _____	
Brand(s) 1. H2O HYDRATION 2. _____ 3. _____ 4. _____ 5. _____	Markets (local and export) 1. LOCAL 2. _____ 3. _____ 4. _____ 5. _____
Annual output (dollar value or quantity)	

Reason for Registering

Briefly state your reason for registering with the Client Servicing Program I WOULD LIKE TO BOTTLE AND DISTRIBUTE H2O HYDRATION WATER LOCALING AND I AM TRYING TO GO ABOUT IT THE RIGHT WAY.


Applicant's Signature

12 FEBRUARY 2021

Date

For Official Use Only

Client enrolled: ☒ Yes ☐ No

Date Enrolled: 12 February 2021

Technical Advisor(s) assigned: Kimberley Blissett

Date assigned: 12 February 2021