



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Renea

FIRST NAME

Monterrubio

LAST NAME

770-679-4752

CONTACT NUMBER

770-930-9967

ALTERNATE NUMBER

## COMPANY DATA BASE

[renea@hotmail.com](mailto:renea@hotmail.com)

EMAIL ADDRESS

[Kotak Mahindra, Inc.](#)

COMPANY NAME

<http://www.kotak.com>

WEBSITE URL

[369 Lexington Ave Fl 28](#)

Address

[New York](#)

City

[New York](#)

State

[10017-6542](#)

ZIP Code

[Financial Asset Broking Services](#)

SIC DESCRIPTION

[6411](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[294,299.99](#)

REVENUE (USD)

[New York](#)

COUNTRY/REGION

[YES](#)

MEDICAL INSURANCE



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Dr S, Saint Augustine, FL 32080



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1782