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## Corporate Privilege Programme

### Registration Form

Please return completed registration form by email to corporate@denailzspa.com.sg or mail and attention to the Marketing Department, De Nailz Spa @ 50 East Coast Road #02-91 S(428769)

### **Yes! Please register my company in the CPP program**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Staff Strength: Male- \_\_\_\_\_ /Female- \_\_\_\_\_

### **Contact Person(S) Details:**

Primary Contact: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact: \_\_\_\_\_ (Ext) \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact: \_\_\_\_\_ (Ext) \_\_\_\_\_ Email: \_\_\_\_\_



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Please attach sample of Staff ID card

(Front)

(Back)

Discounts and privileges will be extended to staff members of enrolled companies only upon produce of the above Staff ID cards. De Nailz Spa reserves the right to request for additional form(s) of identification if deemed necessary.

Signature/Company Stamp: \_\_\_\_\_

Date: \_\_\_\_\_