

LUFTHANSA TECHNICAL TRAINING PHILIPPINES

CUSTOMER INFORMATION FORM

Office: Macro Asia Special Economic Zone, Villamor Air Base, Pasay City. 1309

Phone: +632 855 9553 / +632 855 9554 Fax: +632 855 9534

Web: www.LTT.aero

Confidentiality: LTTTP is committed to maintain the confidentiality of the applicant's personal information and undertakes not to divulge any information to third party without prior written consent of the applicant.

INDIVIDUAL

CORPORATE

(please tick one box)

CONTACT DETAILS

(FOR CORPORATE - Please provide the following information of your company's designated contact person.)

Surname/Last Name: _____

Given/First Name: _____

Address: _____

_____ City: _____ Zip Code: _____

State/Province: _____ Country: _____

Email: _____

COMPANY DETAILS

(FOR EMPLOYED INDIVIDUALS - kindly fill up necessary employers information.)

Company Name: _____

Company Address: _____

_____ City: _____ Zip Code: _____

State/Province: _____ Country: _____

Designation: _____ Department: _____

Nature of company: Operator MRO Line Maint School Other : _____

Email: _____ Website URL: _____

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