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**STAFRACE MANAGEMENT & MARKETING CONSULTANCY**

**REQUEST FOR TUTORING SERVICE**

|  |  |
| --- | --- |
| CLIENT NAME |  |
| ADDRESS |  |
| MOBILE NO |  |
| DATE OF WHEN SERVICE REQUIRED |  / /  |
| STARTING TIME OF SERVICE (BETWEEN 9:30AM & 3:00pm) |  |
| BRAND OF SMARTPHONE/TABLET |  |
| MODEL |  |
|  |  |
|  |  |
| **CAPSULES** | **(**Please tick option required) |
| Option 1- 1 hour |  |
| Option 2 – 2hours |  |
| Option 3- 7 x 1 hour package |  |
|  |  |
|  |  |

**PLEASE RETURN BY EMAIL TO STAFRACE@OUTLOOK.COM**