

10 . Order Form

Subscriber Data

Full Name : _____
 Title : _____
 Company : _____
 P.O. Box : _____ City: _____ Country : _____
 E-mail address : _____
 Tel. : _____ Fax : _____

Agreement

We wish to subscribe to the GOIC Study on "Stainless Steel Sector in the GCC" and understand that:

1. The cost of the study is US \$ 5,000 (Five Thousand US Dollar)
2. We shall pay GOIC the applicable fee stated above.
3. We will receive one (1) copy of the report. We will also receive the report in PDF format on a CD-Rom.
4. We nominate the person named in the Subscriber Data, above to whom the Report should be sent.
5. Except for the information that is or becomes generally available to the public in printed publication, or is already in our possession or developed independently by us or is received by us in good faith from a third party, any information in the subject study is for the sole and confidential use of our company and our affiliates in which we possess more than 50 percent share. Said information may be used in our research and commercial activities on a confidential basis.
6. We agree to use reasonable care to protect the confidential nature of this Report. Our foregoing obligations shall, in no event, continue beyond three (3) years from the date of publications.

Payment Method

<input type="checkbox"/>	BANKERS DRAFT Bankers Draft/Cashier's Cheque made payable to "Gulf Organization for Industrial Consulting" for the amount of US\$ 5,000. Please return the completed form with bankers draft to address below.
<input type="checkbox"/>	DIRECT TRANSFER Direct transfer of US\$ 5,000 to : Account Name: Gulf Organization for Industrial Consulting Acc No: 222-50734-002-0030-000 Account Type: US Dollar Swift Code: DOHBQAQA Bank Name: Doha Bank , PO Box: 3818 Grand Hamad Avenue - Doha - Qatar
<input type="checkbox"/>	CREDIT CARD Please charge US\$ 5,000 to my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <i>Please include cardholder's address if different from the delivery address:</i> _____ Signature: _____ Date: _____