

QATAR HEALTHCARE GUIDE

DATA BANK FORM

COMPANY HOSPITAL CLINIC

Name

P.O. Box :	Location :
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Tel. :	Fax :
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E-mail :	Website
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Key Executives:	E-mail :
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Designation:	Mobile :
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Key Executives:	E-mail :
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Designation :	Mobile :
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Key Executives:	E-mail :
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Designation :	Mobile :
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Business Hrs :
No of Staff :
Product and Services :

Product / Brand Name :

Name : _____ Updated by : _____

Designation : _____ Rep ID # : _____

Date : _____ Date : _____

Signature

Signature