



# Kumbhat Holograms

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## DESIGN REQUEST

( Original Artwork to be attached with this Form )

From

Date:

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

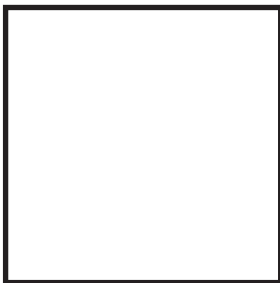
Telephone Number : Landline \_\_\_\_\_ Mobile \_\_\_\_\_

Concerned Person : \_\_\_\_\_ Designation \_\_\_\_\_

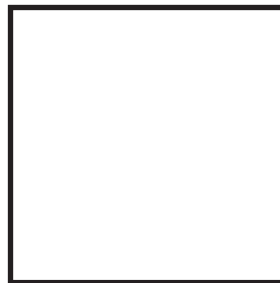
Size (In mm) \_\_\_\_\_ Shape \_\_\_\_\_ Colour \_\_\_\_\_

Master Type \_\_\_\_\_

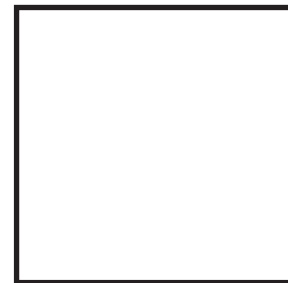
Laser / Inkjet numbering Sl.No. From \_\_\_\_\_ To \_\_\_\_\_



Background



Foreground



Composite

Name of the Executive \_\_\_\_\_ Signature & Seal \_\_\_\_\_

P.S. Authorization letter from Client ( on Letter Head ) must be accompanied with this Form  
Subject to Chennai Jurisdiction oly.