



# A.T.T. Center Kenya

Old Malindi Rd • P.O. Box 88266-80100 • Mombasa, Kenya • Tel. +254 705310497 • center@att-center.com

## Land and Estate Commission Agents

### CLIENT QUESTIONNAIRE

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

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

- I wish to**
- |                 |                                 |                               |                                 |                               |
|-----------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|
|                 | <input type="checkbox"/> buy    | <input type="checkbox"/> rent | <input type="checkbox"/> sell   | <input type="checkbox"/> let  |
| 1. Residential: | <input type="checkbox"/> house  | <input type="checkbox"/> flat | <input type="checkbox"/> bedsit | <input type="checkbox"/> plot |
| 2. Commercial:  | <input type="checkbox"/> office | <input type="checkbox"/> shop | <input type="checkbox"/> godown | <input type="checkbox"/> plot |

#### Details of the property:

Size (floor space, no. of rooms): \_\_\_\_\_

Location: \_\_\_\_\_

Surroundings: \_\_\_\_\_

- Facilities:
- |                                  |                                      |                                  |                                   |                                 |
|----------------------------------|--------------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> water   | <input type="checkbox"/> electricity | <input type="checkbox"/> kitchen | <input type="checkbox"/> bathroom | <input type="checkbox"/> toilet |
| <input type="checkbox"/> terrace | <input type="checkbox"/> garden      | <input type="checkbox"/> balcony | <input type="checkbox"/> _____    | <input type="checkbox"/> _____  |
| <input type="checkbox"/> _____   | <input type="checkbox"/> _____       | <input type="checkbox"/> _____   | <input type="checkbox"/> _____    | <input type="checkbox"/> _____  |

Security: \_\_\_\_\_

Further description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Price expectation: \_\_\_\_\_

If the client accepts the proposal of A.T.T. Center, A.T.T. Center shall be entitled to a commission in the amount of \_\_\_\_\_

**The client**

Date .....

.....  
Signature

**The agency**

Date .....

for A. T. T. Center Kenya  
P.O. Box 88266-80100 Msa  
.....  
Signature/stamp