مؤسسة الخليج للأدوية
Gulf Drug Establishment

P.O. Box 3264, Dubai, UAE
Tel. +971 4 397 4949
***Fax. +971 4 396 2986**
* E-mail: customercare@gulfdrug.com

This form is to be used by customers who wish to inquire in regards to any of our products or services provided by Gulf Drug Establichment.

The purpose of use of the personal information you provide in this inquiry is to confirm the content of and respond to the inquiry. Kindly complete the form below and *Fax or *email us on the above number or email address.

CUSTOMER'S INQUIRY

SUBJECT of INQUIRY

◯ PRODUCT ◯ SALES & MARKETING
◯ SERVICE ◯ OTHERS Please Specify_____

ORGANIZATIONAL DETAILS

1 Company Name/ Organization Name	Department
Name	Position

2 Address (P.O. Box Address)			Zip Code
Country	Telephone	Fax	E-mail

INQUIRY DETAILS

3		
	Today's Date	Your Signature