



Feng Shui Audit Request Form

1) Personal Details

For the Feng Shui application to be effective, it has to be harmonised with the personal BaZi (The 4 Pillars of Destiny) of the applicant. Kindly provide accurate information of your personal birth data so that we may calculate your BaZi to use in the Feng Shui application.

If several applicants occupy the same property, please provide the birth details for each applicant. If you are the head of the family or the group concerned, kindly indicate as *Primary* in the Status column. Your contact details are required to facilitate our prompt replies.

Number of Applicants	<input type="checkbox"/> Me Only <input type="checkbox"/> Multiple: Total _____	Please provide the Time, Day, Month & Year of the other occupants of the home / premise.
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Name of Applicant			
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Time of Birth		Status	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Telephone No.		Fax No.	
Email:			

2) Type of Audit

Kindly indicate the type of Feng Shui audit you require.

- Floor plan reading only
- Complete on-site audit
- Others: _____

3) Details of Property

Tell us about the kind of property you want to apply this Feng Shui application to.

Address			
City		Postcode	
State		Country	

- Land
- Single Storey Link House
- Bungalow
- Shop Lot
- Double Storey Link House
- Apartment/ Condominium
- Office
- Semi-Detached House
- Others: _____

If possible prepare copies of the floor plans of the property. Several photographs of the area surrounding the property may also be required. If these are available, kindly indicate in the boxes on below.

Y **N** Floor plans are available

Y **N** Photographs of surrounding area are available

Other Sources: _____

Problems and Aspirations

Tell us about the problems you are currently facing, and what you aim to achieve by using Feng Shui on your property.

Current Problems

Aim of this Application

When do you expect this Feng Shui audit to be performed?	[DD/MM/YYYY]
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Kindly send the completed form to **The Realm of Feng Shui** via fax at **+603 5631 5406** or email it to **fengshui@trofs.com**
We shall reply in kind with the information indicated in the box below.

For Official Use Only

Information is: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
This audit is: <input type="checkbox"/> Awaiting Confirmation <input type="checkbox"/> Confirmed <input type="checkbox"/> Declined
Expected Date of Audit: _____
Fees Amount: _____ Currency: _____
This audit will be performed by: _____