INQUIRY FORM

**Name:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Position:** Click or tap here to enter text.

**Organisation or Community Name:** Click or tap here to enter text.

**Organisation or Community Website:** Click or tap here to enter text.

**Organisation or Community Address:** Click or tap here to enter text.

**Email Contact:** Click or tap here to enter text.

**Phone Contact:** Click or tap here to enter text.

**How did you find out about Independent Christian Counsel?** Click or tap here to enter text.

**Does your Organisation or Community intend to respect and uphold Biblical evidence-based doctrine?**

[ ]  Yes [ ] No

**This Inquiry is About? (List the Christian Services relevant to the project):** Click or tap here to enter text.

Please attach and submit a PDF document outlining the details of your request on an official letterhead with signature. If the nature of the matter is regarded as confidential or sensitive, then please state it in the correspondence, and if so, the matter can be discussed in person (at the expense of the potential client).

[ ]  I have read and understood the Independent Christian Counsel General Terms & Conditions on the site information page: <https://independentchristiancounsel.com/Site-Information/>

[ ]  All the information that I have entered into this form and submitted is genuine, true and correct.

**Once this form is completed please convert it into PDF form and submit it to:**

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