



REQUEST FOR SERVICES

MacMenage S.à.r.l.  
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## REGISTRATION – REQUEST FOR SERVICES

Request not binding for MacMenage

### Personal data (Capitals)

Name .....

First name (s) .....

Address .....

Postal code ..... City .....

Country/Canton .....

Telephone private ..... Mobile phone .....

Civilian status    Married    Single    Divorced    Separated

### Child (ren)

Name, first name ..... Age .....

Name, first name ..... Age .....

Name, first name ..... Age .....

Name, first name ..... Age .....

Name, first name ..... Age .....

Name, first name ..... Age .....

Languages required    French    English    German    Italian

Spanish    Portuguese    Russian    Japanese

### Activities

Cleaning    Ironing    Cleaning and ironing    Cook    Baby-sitting

Driver    Relocation    Franchising

**Availabilities**

- |                                    |                                    |                                    |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday  | <input type="checkbox"/> Friday    | <input type="checkbox"/> Saturday  |
| <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Daytime   | <input type="checkbox"/> Daytime   | <input type="checkbox"/> Daytime   | <input type="checkbox"/> Daytime   | <input type="checkbox"/> Daytime   | <input type="checkbox"/> Daytime   |
| <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   |

Sunday

Morning

Afternoon

Daytime

Evening