MAHA CAPITAL

MAHA CONNECT FORM

First Name (optional): _____ **Country:** _____

Last Name (optional): _____ **City and Area:** _____

Phone Number (optional) _____ **E-mail (optional):** _____

I am a (select one of the below options):

__ Employee
__ Contractor/Consultant
__ Supplier
__ Community Member
__ Community Leader
__ Other (specify): _____

Inquiry Type (select one):

__ Question
__ Suggestion
__ Appreciation
__ Complaint
__ General

Inquiry Topic

__ Health and Safety
__ Employment and Labor Practices
__ Employment Opportunities
__ Environmental
__ Community Relations
__ Community Concerns
__ Contracting of Goods and Services
__ Human Rights
__Other

MESSAGE

_____

_____

_____

_____

_____

_____