

# LEGAL ENTITIES

## PRIVATE COMPANIES

LEGAL FORM	<input type="text"/>																														
NAME(S)	<input type="text"/>																														
	<input type="text"/>																														
	<input type="text"/>																														
	<input type="text"/>																														
ABBREVIATION	<input type="text"/>																														
ADDRESS OF THE HEAD OFFICE/ FISCAL ADDRESS	<input type="text"/>																														
	<input type="text"/>																														
	<input type="text"/>																														
POSTAL CODE	<input type="text"/>										P.O. BOX	<input type="text"/>																			
CITY	<input type="text"/>																														
COUNTRY	<input type="text"/>																														
VAT N° ①	<input type="text"/>																														
PLACE OF REGISTRATION	<input type="text"/>																														
DATE OF REGISTRATION	<input type="text"/> D D		<input type="text"/> M M		<input type="text"/> Y Y Y Y																										
REGISTRATION N° ②	<input type="text"/>																														
PHONE	<input type="text"/>															FAX	<input type="text"/>														
E-MAIL	<input type="text"/>																														

THIS "LEGAL ENTITY" FORM SHOULD BE COMPLETED AND RETURNED TOGETHER WITH:

① A COPY OF THE VAT REGISTRATION DOCUMENT IF APPLICABLE AND IF THE VAT NUMBER DOES NOT APPEAR ON THE OFFICIAL DOCUMENT REFERRED TO AT ② BELOW

② A COPY OF SOME OFFICIAL DOCUMENT (OFFICIAL GAZETTE, COMPANY REGISTER ETC.) SHOWING THE NAME OF THE LEGAL ENTITY, THE ADDRESS OF THE HEAD OFFICE AND THE REGISTRATION NUMBER GIVEN TO IT BY THE NATIONAL AUTHORITIES.

DATE AND SIGNATURE OF AUTHORISED REPRESENTATIVE