

LEGAL ENTITIES

PUBLIC ENTITIES

LEGAL FORM	<input type="checkbox"/> <input type="checkbox"/>																												
NAME(S)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																												
ABBREVIATION	<input type="text"/>																												
OFFICIAL 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°	<input type="text"/>																												
	IF THIS FIELD IS COMPLETED, PLEASE ATTACH AN OFFICIAL VAT DOCUMENT																												
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°	<input type="text"/>																												
PHONE	<input type="text"/>														FAX	<input type="text"/>													
E-MAIL	<input type="text"/>																												

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

A COPY OF THE RESOLUTION, LAW, DECREE OR DECISION ESTABLISHING THE ENTITY IN QUESTION;

.- OR, FAILING THAT, ANY OTHER OFFICIAL DOCUMENT ATTESTING TO THE ESTABLISHMENT OF THE ENTITY BY THE NATIONAL AUTHORITIES

DATE :

NAME + FUNCTION OF THE AUTHORISED REPRESENTATIVE

SIGNATURE

STAMP