



LEGAL ENTITY

PRIVATE COMPANY

LEGAL FORM

NAME(S)

ABBREVIATION

ADDRESS OF
HEAD OFFICE /
FISCAL
ADDRESS

POSTCODE

P.O. BOX

TOWN/CITY

COUNTRY

VAT N° ①

PLACE OF REGISTRATION

DATE OF REGISTRATION

D D M M Y Y Y Y

REGISTRATION N° ②

PHONE

FAX

E-MAIL

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