

PUBLIC LAW LEGAL ENTITY FORM

LEGAL FORM:
NAME:
ACRONYM:
ADDRESS:
POSTAL CODE:
PO BOX:
CITY:
COUNTRY:
TELEPHONE:
FAX:
E-MAIL:
VAT No. (1):
PLACE OF REGISTRATION:
DATE OF REGISTRATION:
REGISTRATION No. (2):
Names and positions of the persons authorized to engage the responsibility of the organization:

THIS "LEGAL ENTITY" FORM MUST BE PROVIDED COMPLETED, SIGNED AND ACCOMPANIED BY

- A COPY OF THE RESOLUTION, LAW, ORDER OR DECISION ESTABLISHING THE ENTITY CONCERNED
- FAILING THIS: ANY OTHER OFFICIAL DOCUMENT WHICH PROVES THE ESTABLISHMENT OF THE ENTITY CONCERNED BY THE NATIONAL AUTHORITIES

STAMP

DATE, NAME, FUNCTION AND SIGNATURE OF THE AUTHORISED REPRESENTATIVE