

LEGAL ENTITY**PRIVATE COMPANY**

LEGAL FORM	
NAME(S)	
ABBREVIATION	

ADDRESS OF HEAD OFFICE / FISCAL ADDRESS	
POSTCODE	
P.O. BOX	
TOWN / CITY	
COUNTRY	

PLACE OF REGISTRATION	
DATE OF REGISTRATION	

DD MMM YYYY

REGISTRATION No.	
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PHONE	
FAX	
E-MAIL	

THIS "LEGAL ENTITY" FORM SHOULD BE COMPLETED AND RETURNED TOGETHER WITH:***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
NAME + FUNCTION OF AUTHORISED REPRESENTATIVE
SIGNATURE