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| **LEGAL ENTITY** |

****

***Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.***

|  |  |
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| **OFFICIAL NAME** |  |

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| --- | --- |
| **ABBREVIATION** |       |

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| **MAIN REGISTRATION NUMBER** |       |

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| **SECONDARY REGISTRATION NUMBER (IF APPLICABLE)** |       |

|  |  |  |
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| **PLACE OF MAIN REGISTRATION** |       (CITY) |       (COUNTRY) |

|  |  |
| --- | --- |
| **DATE OF MAIN REGISTRATION** |       (DD/MM/YY) |

|  |  |
| --- | --- |
| **VAT NUMBER (IF APPLICABLE)** |       |

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| **OFFICIAL ADDRESS** |        |

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|        |

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| --- | --- |
|       (POST CODE) |       (CITY) |

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|       (COUNRTY) |

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|       (PHONE) |

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| **EMAIL ADDRESS** |        |

|  |  |
| --- | --- |
| **DATE:**  |       (DD/MM/YY) |

|  |
| --- |
| **STAMP** |

|  |
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| **SIGNATURE OF AUTHORISED REPRESENTATIVE** |

***PLEASE COMPLETE AND SIGN THIS FORM AND ATTACH COPIES OF OFFICIAL SUPPORTING DOCUMENTS (RESOLUTION, LAW, REGISTER(S) OF COMPANIES, OFFICIAL GAZETTE, VAT REGISTRATION, ETC.)***