



<b>LEGAL ENTITY</b>
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**PRIVATE COMPANY**

LEGAL FORM			
NAME			
ABBREVIATION			
ADDRESS OF HEAD OFFICE			
FISCAL ADDRESS			
POST CODE		P.O.BOX	
TOWN/ CITY			
COUNTRY			
VAT N <sup>0</sup>			
PLACE OF REGISTRATION			
DATE OF REGISTRATION	D:	M:	Y:
REGISTRATION N <sup>0</sup>			
PHONE:		FAX:	
E-MAIL:			

THIS "LEGAL ENTITY" FORM SHOULD BE COMPLETED AND RETURNED TOGETHER WITH A COPY OF SOME OFFICIAL DOCUMENT SHOWING THE NAME OF THE LEGAL ENTITY, THE ADDRESS OF THE HEAD OFFICE AND REGISTRATION NUMBER GIVEN TO IT BY THE NATIONAL AUTHORITIES

DATE AND SIGNATURE OF AUTHORIZED REPRESENTATIVE