

LEGAL ENTITY	
<u>PUBLIC ENTITY</u>	
LEGAL FORM	
NAME(S)	
ABBREVIATION	

OFFICIAL ADDRESS	
POSTCODE	
P.O. BOX	
TOWN / CITY	
COUNTRY	

PLACE OF REGISTRATION	
DATE OF REGISTRATION	

DD      MMM      YYYY

REGISTRATION No.	
------------------	--

PHONE	
FAX	
E-MAIL	

<p><b>THIS "LEGAL ENTITY" FORM SHOULD BE COMPLETED, SIGNED AND RETURNED TOGETHER WITH:</b></p> <ul style="list-style-type: none"><li>- <b>A COPY OF THE RESOLUTION, LAW, DECREE OR DECISION ESTABLISHING THE ENTITY IN QUESTION;</b></li><li>- <b>OR, FAILING THAT, ANY OTHER OFFICIAL DOCUMENT ATTESTING TO THE ESTABLISHMENT OF THE ENTITY BY THE NATIONAL AUTHORITIES.</b></li></ul>
---

DATE
NAME + FUNCTION OF AUTHORISED REPRESENTATIVE
SIGNATURE