

CLIENT FORM

MAIN INFORMATION

COMPANY NAME *:

 Company name (Long name or registered name) *:

Registered adress*: _____

 Postal Code*: _____ City*: _____ Country*: _____

 Address for post delivery: _____

(to be filled only if its different than the registred adress)

 Postal Code: _____ City: _____ Country: _____

 Company ID No*: _____
 Tax No*: _____
 IBAN*: _____
 SWIFT*: _____
 Bank name*: _____

CONTACT INFORMATION

Name and Surname*	Position*	Telephone*	Mobile*	Email*

Date*: _____

Stamp and signature*: _____

- The Client with his signature guarantees the accuracy of the data stated in this form.
- The Client should report any change in data on this form within 8 days of its occurrence, otherwise it is responsible for the consequences caused by unreported data.
- Fields marked with * are required.

