CLIENT FORM

MAIN INFORMATION

COMPANY NAME *:

Company name (Long name or registered name) *:

_____

Registered adress*:_____

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

Adress 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.