**PUBLIC LAW LEGAL ENTITY FORM**

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| LEGAL FORM: |
| NAME: |
| ACRONYM:  |
| ADDRESS: |
| POSTAL CODE: |
| PO BOX: |
| CITY: |
| COUNTRY: |
| TELEPHONE:  |
| FAX: |
| E-MAIL: |
| VAT No. (1): |
| PLACE OF REGISTRATION: |
| DATE OF REGISTRATION: |
| REGISTRATION No. (2): |
| Names and positions of the persons authorized to engage the responsibility of the organization: |

THIS “LEGAL ENTITY” FORM MUST BE PROVIDED COMPLETED, SIGNED  AND ACCOMPANIED BY

* A COPY OF THE RESOLUTION, LAW, ORDER OR DECISION ESTABLISHING THE ENTITY CONCERNED
* FAILING THIS: ANY OTHER OFFICIAL DOCUMENT WHICH PROVES THE ESTABLISHMENT OF THE ENTITY CONCERNED BY THE NATIONAL AUTHORITIES

***STAMP***

***DATE, NAME, FUNCTION AND SIGNATURE OF THE AUTHORISED REPRESENTATIVE***