

**LEGAL ENTITY FORM**

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:

DATE AND SIGNATURE OF THE AUTHORISED REPRESENTATIVE

THIS "LEGAL ENTITY" FORM SHOULD BE PROVIDED COMPLETED, SIGNED AND ACCOMPANIED BY:

(1) A COPY OF THE VAT LIABILITY DOCUMENT IF THIS IS APPLICABLE AND IF THE VAT No. DOES NOT APPEAR ON THE OFFICIAL DOCUMENT MENTIONED IN POINT 2.

(2) A COPY OF ANY OFFICIAL DOCUMENT (E.G. THE 'BELGIAN OFFICIAL GAZETTE/MONITEUR BELGE', THE FRENCH OFFICIAL JOURNAL, THE TRADE REGISTER, ETC.) ENABLING IDENTIFICATION OF THE NAME OF THE LEGAL ENTITY, THE ADDRESS OF ITS REGISTERED

OFFICE AND ITS REGISTRATION NUMBER WITH THE NATIONAL AUTHORITIES.

**DATE AND SIGNATURE OF THE AUTHORISED REPRESENTATIVE**