

# LEGAL ENTITIES

## PRIVATE COMPANIES

TYPE OF COMPANY	<input type="text"/>																												
NGO	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Non Gouvernemental Organisation)																										
NAME(S)	<input type="text"/>																												
	<input type="text"/>																												
	<input type="text"/>																												
	<input type="text"/>																												
ABBREVIATION	<input type="text"/>																												
ADDRESS OF THE HEAD OFFICE	<input type="text"/>																												
	<input type="text"/>																												
	<input type="text"/>																												
POSTAL CODE	<input type="text"/>								P.O. BOX	<input type="text"/>																			
CITY	<input type="text"/>																												
COUNTRY	<input type="text"/>																												
VAT	<input type="text"/>																												
PLACE OF REGISTRATION	<input type="text"/>																												
DATE OF REGISTRATION	<input type="text"/> D D		<input type="text"/> M M		<input type="text"/> Y Y Y Y																								
REGISTRATION NR	<input type="text"/>																												
PHONE	<input type="text"/>														FAX	<input type="text"/>													
E-MAIL	<input type="text"/>																												

**THIS "LEGAL ENTITY" FORM SHOULD BE FILLED IN AND RETURNED TOGETHER WITH:**

- \* A COPY OF ANY OFFICIAL DOCUMENT (E.G. OFFICIAL GAZETTE, REGISTER OF COMPANIES, ETC.) SHOWING THE CONTRACTOR'S NAME AND ADDRESS AND THE REGISTRATION NUMBER GIVEN TO IT BY THE NATIONAL AUTHORITIES;**
- \* A COPY OF THE VAT REGISTRATION DOCUMENT IF APPLICABLE AND IF THE VAT NUMBER DOES NOT APPEAR ON THE OFFICIAL DOCUMENT REFERRED TO ABOVE.**

DATE AND SIGNATURE

## FINANCIAL IDENTIFICATION

### ACCOUNT HOLDER

NAME	<input type="text"/>																													
ADDRESS	<input type="text"/>																													
TOWN/CITY	<input type="text"/>															POSTCODE	<input type="text"/>													
COUNTRY	<input type="text"/>					VAT NUMBER	<input type="text"/>																							
CONTACT PERSON	<input type="text"/>																													
TELEPHONE	<input type="text"/>										FAX	<input type="text"/>																		
E - MAIL	<input type="text"/>																													

### BANK

BANK NAME	<input type="text"/>																													
BRANCH ADDRESS	<input type="text"/>																													
TOWN/CITY	<input type="text"/>															POSTCODE	<input type="text"/>													
COUNTRY	<input type="text"/>																													
ACCOUNT NUMBER	<input type="text"/>																													
IBAN	<input type="text"/>																													

REMARKS :

**DATE + SIGNATURE + STAMP of ACCOUNT HOLDER :**

(Obligatory)

**DATE + SIGNATURE + STAMP of the BANK/Manager :**

(Obligatory)