



ANNEX Ia. LEGAL ENTITY FORM

PRIVATE COMPANY

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LEGAL FORM	
NAME(S)	
ABBREVIATION	
ADDRESS OF HEAD OFFICE / FISCAL ADDRESS	
POSTCODE	P.O. BOX
TOWN/CITY	
COUNTRY	
VAT N°	
PLACE OF REGISTRATION	
DATE OF REGISTRATION	
REGISTRATION N° ①	
PHONE	FAX
E-MAIL	
THIS "LEGAL ENTITY" FORM SHOULD BE COMPLETED AND RETURNED TOGETHER WITH:	
① A COPY OF THE COMPANY REGISTRATION DOCUMENT.	

DATE AND SIGNATURE OF AUTHORISED REPRESENTATIVE