

LEGAL ENTITY

PUBLIC BODY

LEGAL FORM			
NGO	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(non-governmental organization)
NAME (S)			
ACRONYM			
OFFICIAL ADDRESS			
POSTCODE		PO BOX	
TOWN			
COUNTRY			
VAT **			
PLACE OF REGISTRATION			
DATE OF REGISTRATION	<div>DD</div>	<div>MM</div>	<div>YYYY</div>
REGISTRATION N°			
TELEPHONE		FAX	
E-MAIL			

THIS "LEGAL ENTITY" FORM SHOULD BE SUPPLIED, FILLED IN, SIGNED AND ACCOMPANIED BY :

* A copy of the resolution, law, order or decision establishing the entity concerned.

Failing this : Any other official document proving establishment of the entity concerned by the national authorities.

** If this field is filled in, please attach an official "VAT" document

DATE

NAME + POSITION OF AUTHORIZED REPRESENTATIVE

SIGNATURE

STAMP