

**LEGAL ENTITY****PUBLIC ENTITY**

|              |  |
|--------------|--|
| LEGAL FORM   |  |
| NAME(S)      |  |
|              |  |
|              |  |
|              |  |
| ABBREVIATION |  |

|                  |  |
|------------------|--|
| OFFICIAL ADDRESS |  |
| POSTCODE         |  |
| P.O. BOX         |  |
| TOWN / CITY      |  |
| COUNTRY          |  |

|                       |  |
|-----------------------|--|
| PLACE OF REGISTRATION |  |
| DATE OF REGISTRATION  |  |

DD      MMM      YYYY

|                  |  |
|------------------|--|
| REGISTRATION No. |  |
|------------------|--|

|        |  |
|--------|--|
| PHONE  |  |
| FAX    |  |
| E-MAIL |  |

***THIS "LEGAL ENTITY" FORM SHOULD BE COMPLETED, SIGNED AND RETURNED TOGETHER WITH:***

- ***A COPY OF THE RESOLUTION, LAW, DECREE OR DECISION ESTABLISHING THE ENTITY IN QUESTION;***
- ***OR, FAILING THAT, ANY OTHER OFFICIAL DOCUMENT ATTESTING TO THE ESTABLISHMENT OF THE ENTITY BY THE NATIONAL AUTHORITIES.***

|  |
|--|
| DATE   |
| NAME + FUNCTION OF AUTHORISED REPRESENTATIVE |
| SIGNATURE                                    |