



C.I.I.M.
EurAsiaMed



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Confederazione degli Imprenditori Italiani nel Mondo
Confederation of Italian Entrepreneurs Worldwide
Dünyadaki İtalyan Girişimciler Derneği

APPLICATION FORM - Company



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APPLICATION FORM

- COMPANY -

(Confidential)

COMPANY PROFILE

COMPANY NAME _____

ADDRESS _____

PHONE _____

FAX _____

EMAIL _____

WEB _____

SECTOR _____

COMPANY TYPE _____

NUMBER OF EMPLOYEES _____

ENDORSEMENT (mln €) _____

FOUNDATION YEAR _____

BRANCH OFFICE _____

EXPORTS TO _____

IMPORTS FROM _____



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Correlative interests of the business activity in other countries

Affiliation to the Chambers of Commerce or other organizations

Collaboration deal with the companies in other countries

General Information



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1st DELEGATE INFORMATION

SURNAME _____

NAME _____

PASSPORT NUMBER _____

JOB TITLE _____

PHONE _____

FAX _____

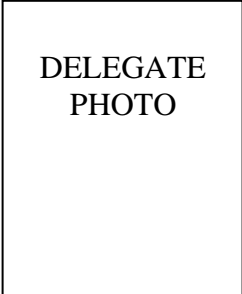
E-MAIL _____

MOBILE _____

ADDRESS _____

COUNTRY _____

SPOKEN LANGUAGES _____



We have read and agreed the conditions of the C.I.I.M. By-law and the Ethical Rules. We confirm the correctness of the information given above and asking to associate to the Confederation of Italian Entrepreneurs Worldwide (C.I.I.M.).

Within the scope of Personal Data Protection Law No. 6698, it is ensured that your personal and private information is protected.

Date

Signature and
Distinctive Stamp

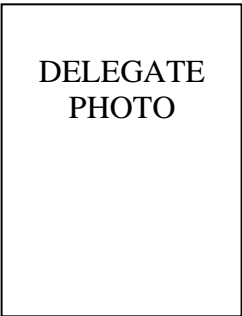


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2nd DELEGATE INFORMATION /Corporate Member - OPTIONAL -

SURNAME _____
NAME _____
PASSPORT NUMBER _____
JOB TITLE _____
PHONE _____
FAX _____
E-MAIL _____
MOBILE _____
ADDRESS _____

COUNTRY _____
SPOKEN LANGUAGES _____



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Distinctive Stamp



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3rd DELEGATE INFORMATION /Corporate Member - OPTIONAL -

SURNAME _____ NAME

JOB TITLE _____

PHONE _____

FAX _____

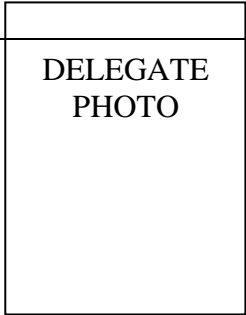
E-MAIL _____

MOBILE _____

ADDRESS _____

COUNTRY _____

SPOKEN LANGUAGES _____



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MEMBERSHIP REGULATION



C.I.I.M.

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MEMBERSHIP REGULATION

They may become a member of C.I.I.M. EurAsiaMed :

- A. Companies
- B. Entrepreneurs/Individual Members

To become a member, it is necessary to send the required documents in the selected category to the address written below.

- For those becoming member within March, the annual fee is payed entirely.
- For those becoming members after March, the annual fee is payed with deduction of absence.

A) CATEGORY: COMPANIES

The Companies may have **three delegates** (the second and the third delegate register as a corporate members). In that case, the Company pays **one entrance fee, and one annual fee**. The company will have the right to only 1 vote during assemblies.

Required Documents:

- 2 Photos
- Copy of the Decision regarding becoming a member of the Association with the names of the delegates.
- Commercial activity certificate
- Certified Copy of Passport of the delegate(s)
- Registration form
- Introduction by two C.I.I.M. Members

In case of a second and/or third delegate (corporate members) the same documents are required.

Entrance Fee (Una tantum)	500 Euro
Annual Fee	500 Euro
TOTAL	1000 Euro



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After the approval of C.I.I.M., the entrance fee and annual fee may be paid to the bank account written below:

Yapı Kredi Bankası - Beyoğlu Branch

Account name: Dünyadaki İtalyan Girişimciler Derneği

Yapı Kredi Bankası (Galatasaray şb - #495).

c/c (Euro): 81652437 => Iban: TR34 0006 7010 0000 0081 6524 37

c/c (TL): 81652419 => Iban: TR35 0006 7010 0000 0081 6524 19

Swift: YAPITRIS

Please send the required documents to:

C.I.I.M. EurAsiaMed

Dünyadaki İtalyan Girişimciler Derneği

Tophanelioğlu cad, N. 54, Altunizade – ÜSKÜDAR

Istanbul - TURKEY

Tel: +90 216 544 49 00 Fax: +90 216 544 49 01

e-mail: info@ciimeurasiamed.org