



C.I.I.M.
EurAsiaMed



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EurAsiaMed

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

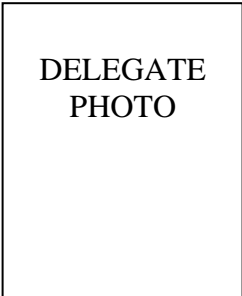


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1st DELEGATE INFORMATION

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 _____

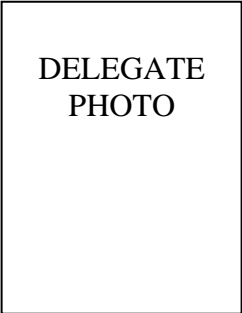
E-MAIL _____

MOBILE _____

ADDRESS _____

COUNTRY _____

SPOKEN LANGUAGES _____



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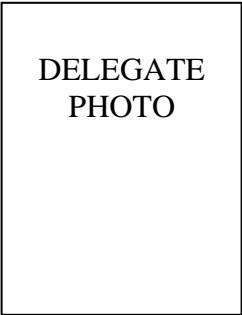


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3rd DELEGATE INFORMATION /Corporate Member - OPTIONAL -

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

COUNTRY _____
SPOKEN LANGUAGES _____



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