



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 - Individual



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APPLICATION FORM

- ENTREPRENEUR / INDIVIDUAL MEMBER-

(Confidential)

PHOTO

SURNAME _____

NAME _____

PASSPORT NUMBER _____

JOB TITLE _____

PHONE _____

FAX _____

E-MAIL _____

MOBILE _____

ADDRESS _____

COUNTRY _____

SPOKEN LANGUAGES _____



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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 _____

Correlative interests of the business activity in other countries



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Affiliation to the Chambers of Commerce or other organizations

Collaboration deal with the companies in other countries

General Information

I've read and agreed the conditions of the C.I.I.M. By-law and the Ethical Rules. I 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