INFORMATION REQUEST – PROMOTION OF ACCESS TO INFORMATION

PLEASE COMPLETE SEPARATE SHEET PER ENTITY AND INITIAL EACH PAGE

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BUSINESS INFORMATION	
Business name:	
Operating name:	
Legal form: (trust, company, cc)	
Registration number:	
Identity number:	
Name of the head of business:	
Postal address:	
Physical address:	
Telephone number:	
Fax number:	
Email address:	
Website:	
INFORMATION OFFICE	<u>R</u>
Title:	
Job description:	
First names:	
Last name:	
Designation:	
Position:	
Mobile phone:	
Home phone:	
Email address:	

INTRODUCTION:		
You can type a brief introduction to the business in the space below:		
PLEASE ANSWER THE FOLLOWING QUESTIONS WITH YES/NO:		
Is the entity registered for VAT? YES // NO		
Does the entity have any employees in service? YES // NO		
Does the entity have a website or use any marketing material? YES // NO		
Does the entity have any fixed property registered in its name? YES // NO		
PLEASE INDICATE IN WHICH BUSINESS DIVISION YOUR ENTITY FALLS:		

ACCEPTED ON BEHALF OF THE BUSINESS:		
Position:		
Name:		
Signature:		
Date:		

I hereby acknowledge my responsibility for the completeness and accuracy of the information provided in this document. I confirm, to the best of my knowledge, and belief, the accuracy and completeness of the information provided.