

## THIRD PARTIES' FILE FORM

### LEGAL ENTITY DATA

<b>Name :</b>			
<b>Type of Entity <sup>(1)</sup> :</b>	Individual	Private company	Public entity
<b>Is the entity a SME ? :</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Type of identity document / register</b>			
<b>Document or registration number</b>			
<b>Complete Address :</b>			
<b>Postal Code + City :</b>			
<b>Country :</b>			
<b>Contact name and phone number (Sales) :</b>			
<b>(Accounting) :</b>			
<b>Email address (Sales) :</b>			
<b>(Accounting) :</b>			
<b>VAT Number, Fiscal Identification :</b>			

<sup>(1)</sup> DELETE AS APPROPRIATE

This « legal entity » sheet must be completed and submitted together with:

- For individuals: a legible photocopy of the identity card or passport
- For private companies: a copy of the VAT registration document if applicable and if the VAT number does not appear on the official documents referred hereafter; a copy of some official document (official gazette, company register, etc.) showing the name of the legal entity, the address of the head office and the registration number given to it by the national authorities, unless presented within the framework of a tender
- For public entities: 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, unless presented within the framework of a tender

### BANK ACCOUNT DATA

<b>Account Name</b>	
<b>Account Holder</b>	
<b>Address</b>	
<b>Postal code + City</b>	
<b>Country</b>	
<b>Bank Details</b>	
<b>Bank Name</b>	
<b>Agency</b>	
<b>Adresse</b>	
<b>SWIFT</b>	
<b>Account Number</b>	
<b>IBAN</b>	

### BANK SIGNATURE AND FIRM STAMP <sup>(2)</sup>

<sup>(2)</sup> It is possible to attach a copy of recent bank statement which provides all the information listed above under 'ACCOUNT NAME' and 'BANK DETAILS'. In this case, the stamp of the bank and the signature of the bank's representative are not required.



## ADMINISTRATIVE DATA

## Person to be contacted

Surname - First name	
Title (e.g. Dr., Mr, Mrs, Ms, Miss, etc.)	
Position (e.g. Director, etc.)	
Telephone number	
Fax number	
Email address	
Official adresse	

## Person(s) authorised to sign contracts

(1)	Surname - First name	
	Title (e.g. Dr., Mr, Mrs, Ms, Miss, etc.)	
	Position (e.g. Director, etc.)	
	Telephone number	
	Fax number	
	Email address	
	Official adresse	

(2)	Surname - First name	
	Title (e.g. Dr., Mr, Mrs, Ms, Miss, etc.)	
	Position (e.g. Director, etc.)	
	Telephone number	
	Fax number	
	Email address	
	Official adresse	

Please indicate if the signatures of person (1) and (2) must be joint signatures Yes  No

SIGNATURE OF PERSON OR AUTHORIZED REPRESENTATIVE  
AND FIRM STAMP

The power of attorney of persons (1) and (2) must be attached to this form