

FORM V — ANNEX II

Details concerning the representative(s) of the applicant(s) ⁸

1. Surname and given name(s) or organisation name*:

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2. Registration of the organisation

2.1. Registration number:

2.2. Designation of the register/registration authority*:

2.3. Date (dd/mm/yyyy) and place of registration*:

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3. Address

3.1. Street and number/PO box*:

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3.2. Place and postcode*:

3.3. Country*

Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
 Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
 Netherlands Austria

Poland Portugal Romania Slovenia Slovakia Finland Sweden

Other (please specify ISO-code):

4. Telephone:

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5. Fax

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6. E-mail:

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7. Representative capacity*

Guardian Parent Person authorised to sign for a legal person Person with power of attorney

Other (please specify):

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8. If more than one representative, please attach an additional sheet.

