REGISTRATION FORM FOR LIST OF SUPPLIERS OF GOODS AND SERVICES FOR N.C.I.S.S. LATINA

(to be filled in using typewriter or capital letters)

technological class or activity for which registration is requested
(fill in one form for each class for which registration is requested)

Category (number and name)_____
_____

Class (number and name)_____
_____

Firm's name: _____
_____

VTA Number_____

Legal office _____

Administrative office with appropriate telephone number_____
_____

Commercial/Operating office with the relative telephone and fax number to which eventual communications regarding supplies can be sent: _____
_____
_____

Registry office data of the legal representative/s:_____
_____
_____

Year of start of activity _____ Number of dipendents_____

Certificates possessed (e.g. ISO, SOA, etc.) _____
_____
_____

Volume of annual business for the last three financial years: _____
_____
_____

List of principal customers:_____
_____
_____

In faith
Stamp and Signature of legal representative