

Application Form

Distributor

|  |  |
| --- | --- |
| **Name** |  |
| **Business address** |  |
| **Zip code** |  |
| **City** |  |
| **Country** |  |
| **Contact details**  |  |
| **Contact name** |  |
| **e-mail address** |  |
| **Phone number** |  |
| **Cell number** |  |
| **VAT number** |  |
| **Product Description** |  |
| **DIAM Specification / standard** |  |

Manufacture

|  |  |
| --- | --- |
| **Name** |  |
| **Business address** |  |
| **Zip code** |  |
| **City** |  |
| **Country** |  |
| **Contact details**  |  |
| **Contact name** |  |
| **e-mail address** |  |
| **Phone number** |  |
| **Cell number** |  |
| **VAT Number** |  |

The costs involved with the audit, reporting, coordination and travel costs will be paid by

|  |
| --- |
|[ ]  **Distributor** |
|[ ]  **Manufacture** |

Undersigned declare that applied information is correct and legit

Dated : Signature :