



SHAREHOLDERS DATA FORM

Company Name: _____

Company Registration No.: _____

V.A.T No.: _____

Contact Person: _____

Registered Address - Street: _____

No.: _____

Town: _____

Postal Code: _____

P.O.Box: _____

Postal Code: _____

Tel.: _____

Fax: _____

Website: www. _____

Email address: _____

Date: _____