



Business Partner – Information Disclosure

1. Company			
Name:		Legal Entity:	
2. Company Data			
2.1. Tax Number			
VAT Identification Number:			
Other Tax Number (e.g. in case of business partners outside Europe):			
2.2. Please attach the Commercial Register!			
2.3. Address/ Contact Data			
2.3.1. Business Address (PO Box, if given)			
Street/PO Box:		Postal Code:	
City:		Country:	
2.3.2. Central Contact Data			
Central Phone:			
Central Fax:			
Website:			
Central E-Mail Address:			
2.3.3. Is this the company's head office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please fill out 2.4)	
2.4. Address/ Contact Data of the Head Office (if different from 2.3)			
2.4.1. Business Address (and PO Box, if given) of the Head Office			
Company Name:		Legal Entity:	
Street/PO Box:		Postal Code:	
City:		Country:	
2.5. Office-holder ¹ of the legal representatives of the company			
2.5.1. Are officials involved (e.g. in management/ in Board/ in shareholder structure)?	<input type="checkbox"/> Yes (please fill out 2.5.2)		<input type="checkbox"/> No
2.5.2. Which Office?			

¹ An office-holder is a person who has a specific political or business-related position, such as an incumbent politician, a judge, persons in a public employment contract (e.g. notaries, state secretaries) and employees in public administration (administration secretary).



3. Your Bank Details					
3.1. Beneficiary (if different from 1.)					
(Company) Name:				If Company, Legal Entity:	
Street:				Postal Code:	
City:		Country:			
3.2. Bank Data					
IBAN:					
BIC:					
Account Number:					
Credit Institution:			Head Office of Credit Institution:		
!! Confirmation of Bank is required !!					
4. Contact Person					
Surname:			First Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Function:		
Phone:			Mobile:		
Fax:			Mail:		
5. Comments					
6. Date		Signature			
Wird von CRONIMET bearbeitet:					
Stammdaten	<input type="checkbox"/> Anlage	<input type="checkbox"/> Änderung	<input type="checkbox"/> Überprüfung	GP-Nummer	
Sachbearbeiter/in		Datum		Unterschrift	
Interner Ansprechpartner					
Händler	IR durchgeführt?		<input type="checkbox"/> ja	<input type="checkbox"/> nein	
Währung			Zahlungskonditionen		
Registerauszug beigelegt	<input type="checkbox"/> Ja <input type="checkbox"/> Nein	Hausbankbestätigung	<input type="checkbox"/> Ja	<input type="checkbox"/> Nein	
Please contact us, if you have questions to this document: Mail: backoffice@cronimet.de Phone: +49 721 95225 300					