



Business Partner - Self-disclosure

To be completed by our business partner!											
1. Your company											
Name:					Legal form:						
2. Your company information											
2.1. Tax number											
VAT ID:											
Other tax number: e.g., in the case of											
non-European business p											
2.2. Please attach a trade register excerpt!											
2.3. Address / contact details											
2.3.1. Business address (P.O. Box if applicable)											
Street/P.O. Box						Postcode:					
City:						Country:					
2.3.2. Primary contact details											
Telephone (primary)											
Fax (primary)											
Website:											
Primary e-mail address:											
2.3.3. Is this the head office? Yes No (please complete 2.4)							4-2()				
								rte 2.4)			
2.4. Address / contact details of the head office (if different than 2.3) 2.4.1. Business address (and P.O. Box if applicable) of the head office											
2.4.1. Business address	(and P.O. Box II	r applicable) or the r	nead	a office						
Company name						Legal form:					
Street/P.O. Box						Postcode:					
City:			Country:								
2.5. Officers at the legal representatives of the company											
2.5.1. Are public official management / on	ficials involved in e.g., company t / on the management board /			Yes olease complete 2.5.2)			□ No				
2.5.2. What office?											

¹ Public officials are persons who hold a public office. This includes, for example, civil servants, judges, persons in public employment (e.g., notaries or state secretaries) as well as persons in civil service positions who perform public administrative tasks (e.g., administrative staff).





3. Your bank details									
3.1. beneficial owner (only if different than 1.)									
(Company) Name:						If company, legal form:			
Street:						Postcode:			
City:						Country:			
3.2. Bank details									
IBAN:									
BIC:									
Account number:									
Financial institution:	Registered office of financial institution					е			
!! House bank confirmation mandatory !!									
4. Your contact person for us									
Last name:				First name:					
Gender:		Male	Female	Function:					
Telephone:				Mobile:					
Fax:				Email:					
5. Your comments									
6. Date				Signature					