

## Baltic association of medical and aesthetical equipment distributors

### Applicant's application form

Please admit as a member the company \_\_\_\_\_.

#### Information about the company:

|   |  |
|---|--|
| Registered office:  |  |
| Registration number:  |  |
| Date of registration in the register of enterprises:  |  |
| Number of employees in the company:   |  |
| Website address:  |  |
| E-mail address:   |  |
| Type of the company's activities:<br>( ) representation of medical equipment<br>( ) distribution of medical equipment | ( ) representation of aesthetical equipment<br>( ) distribution of aesthetical equipment<br>( ) other: _____ |
| Company representation in countries:<br>( ) Latvia<br>( ) Lithuania<br>( ) Estonia                                    | ( ) Baltic countries<br>( ) Europe<br>( ) other: _____   |

#### Company's bank details:

|                 |  |
|-----------------|--|
| Bank:           |  |
| Account number: |  |
| Bank code:      |  |

#### Contact information:

|                                 |  |
|---------------------------------|--|
| Contact person's name, surname: |  |
| Correspondence address:         |  |
| E-mail address:                 |  |
| Phone number:                   |  |

Person entitled to sign:

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(initials and surname)