



APPLICATION FORM

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We have been informed about the Cyprus – Germany Business Association and we hereby declare our interest for membership. We understand that our eventual application shall be considered provided that we fulfil all commitments, in accordance with the Constitution of the Association to become a member.

Name of Company:

Name of Representative:

Company Activity:

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Postal Address:

P.O.Box: Area Code:

Tel: Fax:

E-mail Address:

Web-Site:

Date: Signature:

Annual Membership Fee: €250

Please return to the CCCI Department of Services & Trade by fax (+ 357 2266 7593)

ASSOCIATED WITH THE CYPRUS CHAMBER OF COMMERCE & INDUSTRY
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