



APPLICATION FORM

=====

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

Name of Company:

Name of Representative:

Sector/ Area of Activity:

.....

Postal Address:

P.O.Box: Area Code:

Tel.: Fax:.....

E-mail Address:

Web-Site Reference:

Date: Signature: