

APPLICATION FORM

ORGANISATION DETAILS

Legal name..... Adress.....
 Acronym..... City.....
 VAT n°..... Zip code.....
 Phone..... Country.....
 General Email.....
 Website.....
 Expertise field.....

CONTACT PERSON DETAILS

First name..... Last name.....
 Position..... Telephone.....
 Email..... Accounting email.....

SUPPORTING LEVEL

I confirm that our organisation would like to join the RecyClass Platform as:

SUPPORTER

- I annexed a letter to the application form to describe which kind of support will be offered to the RecyClass Platform.
- I declare that the above mentioned information is correct.

 Date, signature & name of authorized representative

 Organisation Stamp

Please fill in the form and send it via email to: info@recyclass.eu