APPLICATION FORM

CALL FOR PROPOSALS N° 001/2018

Subject: Selection of partner consulting companies for a collaboration on European and Hungarian public tenders

Proposals must be submitted not later than **12/03/2018 at 12.00 (noon)**, by sending this application form to [sportello.europa@cciu.com](mailto:sportello.europa@cciu.com)

We kindly ask all participants to attach their **company registration report** to this application form and send it to [sportello.europa@cciu.com](mailto:sportello.europa@cciu.com)

**I. General Information**

|  |  |
| --- | --- |
| Name of the Company |  |
| Address |  |
| Telephone no. |  |
| Email |  |

**II. Legal Representative**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Last Name |  |
| Email |  |
| Mobile phone |  |

**III. Contact person (if different from the Legal Representative)**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Last Name |  |
| Email |  |
| Mobile phone |  |

**IV. Company’s Profile**

|  |  |
| --- | --- |
| Please briefly present your organization |  |

**V. Motivation**

|  |  |
| --- | --- |
| Please express three reasons why the Italian Chamber of Commerce for Hungary should choose you as a partner. |  |

**VI. Additional Information**

|  |  |
| --- | --- |
| Additional Information |  |

**VII. Applicant’s signature**

I declare that I have truthfully completed the application form and all accompanying

documents.

|  |  |
| --- | --- |
| Name of applicant |  |
| Date |  |
| Signature |  |