

Identification sheet

File details (please complete in capitals)

Legal form	<input type="text"/>
Name of the company	<input type="text"/>
Address	<input type="text"/>
IBAN no	<input type="text"/> B <input type="text"/> E <input type="text"/>
VAT number	<input type="text"/>
Telephone	<input type="text"/> Fax <input type="text"/>
E-mail	<input type="text"/>
Company activity	<input type="text"/>
Membership n° FOST Plus	<input type="text"/> (where applicable)

Invoicing details (if different from above)

Name	<input type="text"/>
Address	<input type="text"/>

Account manager

Name	<input type="text"/>
Function	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/> Fax <input type="text"/>
Mobile	<input type="text"/>
E-mail	<input type="text"/>

Valipac

Koningin Astridlaan 59A – bus 11 ▪ 1780 Wemmel ▪ Tel 02/456.83.10 ▪ Fax 02/456.83.20
info@valipac.be ▪ www.valipac.be

Send this document along with 2 signed copies of the contract and the declaration back to Valipac.

This English version is only a translation of the French and Dutch document and is provided for reference only. In the event of any conflict or discrepancy between the original French/Dutch version and this English version, the French and Dutch version shall (for all intents and purposes) prevail and be treated as the correct version.