

REGISTRATION OF NEW APPLICANT



PRIMARY INFORMATION			
Type of Applicant: <input checked="" type="radio"/> Organization		<input type="radio"/> Individual	
Name of Organization:		First Name:	
Trading name:		Last Name:	
Commercial Registration No.: (attach the copy of CR)		CPR No.: (attach the copy of CPR)	
ADDRESS			
Flat/Shop/Office No.:	House/Building No.:	Flat No.:	House/Building No.:
Building Name:		Building Name:	
Road/Street Name or No.:		Road/Street Name or No.:	
Block No.:	P.O. Box:	Block No.:	P.O. Box:
Area Name:		Area Name:	
CONTACT DETAILS			
First Name:			
Last Name:			
Title:			
Tel. (landline):			
Tel. (mobile):			
Fax:			
Email:		Tel. (landline):	
		Tel. (mobile):	
		Fax:	
		Email:	
SUBMISSION			
Name:			
Title:			
Signature and Stamp:			
		Signature:	
Date of sign-off:		Date of sign-off:	

FOR OFFICIAL USE ONLY:	
Application Reference No.:	Date & Means of receive:
Application processing result: <input type="checkbox"/> Assigned <input type="checkbox"/> Rejected	Provide the reason in "comments" in case of Rejection
Assigned Applicant Code:	Date of Assigning the Code:
Notification Reference No.:	Date of Notification (TRA to Applicant):
Comments/Notes:	