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Application for additionally represented companies*
Directory of products (form 1.30) must be filled in for application to be valid

Name of main exhibitor:

Client number:

1.21

In accordance with Item V of the General Section of the Conditions of Participation, we hereby register the following

Company/Name: (give legal status such as "Limited", "Corporation" etc.)	Client number:
	0 3 4 0
Street:	
City, postcode:	The company Manufacturer Trade representative Association /
P.O. Box:	institution Sales organization Service provider
pośtcode: State / Country:	☐ Wholesaler ☐ Trade media The company is ☐ its own products Trace and with: ☐ its own company circles
gen. Tel:	represented with: ☐ its own company sign Turnover tax ID number (VAT):
gen. Fax:	(Required information for companies from EU countries)
gen. E-Mail:	
Internet: Contact person: Mr Ms	
E-Mail (Contact person):	The Marketing Package is obligatory for additional represented companies, see Item 7.2 Special Participation Conditions.
Company/Name: (give legal status such as "Limited", "Corporation" etc.)	Client number:
Street:	
City, postcode:	The company Manufacturer Trade representative Association /
P.O. Box: City, postcode:	institution Sales organization Wholesaler Trade media
State / Country:	The company is its own products represented with: its own company sign
gen. Tel.:	Turnover tax ID number (VAT):
gen. Fax:	(Required information for companies from EU countries)
gen. E-Mail:	
Internet: Contact person:	
Mr Ms E-Mail (Contact person):	The Marketing Package is obligatory for additional represented companies, see Item 7.2 Special Participation Conditions.
Please provide a separate list of goods (form 1.30) for each co-	* Explanation "additional represented companies": Additionally represented companies are companies that have