

11. Supplier registration form

Please complete all sections

A. Contact details		
Company name		Contact person
Company address		Post code /town
Company telephone no.		Danish CVR registration no.
Mobile	Fax	E-mail
In the case of companies owned by individuals, state name of owner(s) responsible:		In the case of companies owned by individuals, state Danish social security number of owner(s) responsible:

B. Company business status

Importer Producer Middleman Distributor

C. Company bank account details

Reg. no. _____ Account no. _____

D. Signature

I/we the undersigned wish to register with Dansk Retursystem A/S as a supplier of drink products on which deposits are payable.

Company seal

Date

Name (BLOCK CAPITALS)

Authorised signature

Send the completed form to Dansk Retursystem A/S

Once completed, this form should be sent by post or faxed to Dansk Retursystem A/S. Please always remember to advise Dansk Retursystem if your contact information or status changes.

Dansk Retursystem A/S
Baldersbuen 1
DK-2640 Hedehusene
Att.: Accounts department

Fax: (+45) 43 32 32 39