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Thessaloniki Chamber of Commerce and Industry Department of Studies and Research Tsimiski 29, 546 24, Thessaloniki Email: <u>root@ebeth.gr</u> Tel. 2310 370 180, 370 182

Application for participating in a consulting support program on Intellectual Property issues, in the framework of the Project "IPMED" (European Program ENI CBC MED)

Business details:

Name of the Enterprise		
Activity		
Tel.		
e-mail		
Address	Street:	Number.
Address	Street: Postal Code:	Number. City:
Address VAT Number		

Details of the Legal Representative of the Business:

Name and Surnan	ne	
Title/Position in business	n the	the







Tel.	
Mob.	
e-mail	

Details of the participant in the Consulting:

Name and Surname	
Title/Position in the business	
Tel	
Mob.	
e-mail	

Details of the participant in the Consulting:

Name and Surname	
Title/Position in the Business	
Tel.	
Mob.	
e-mail	





Brief description	of	the	possibilities	of	protecting	or	exploiting	the	intellectual	property	of	the
business:												

Have v	ou i	protected	anv	Intellectual	Propert	v of	vour	business?	Yes	
marc y	u n	or oteeted	any	meencetuu	roperty	, 0,	your	business.	105	

No

The applicant

(Name / Signature of the Legal Representative)

Attached:

- 1. Solemn declaration of the legal representative of the company according to the template attached to the Call.
- Print of the tab "Registration Business Data" from the electronic platform of the Independent Authority of Public Revenue, as they appear in taxisnet, which shows the non-suspension of business activity and the Activities Codes of the business.
- 3. Short CV of the participant(s) in the Counsulting.
- 4. Photocopy of Identity Card or Passport of the participant(s) in the Counsulting