

EISAP Membership Agreement Corporate Members

Presented at the meeting ____/____/____ Membership number assigned _____	Dispatch _____ The President of EISAP
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ASSOCIATE ID
Company Name _____
Registered Office _____ VAT No. _____
City, Country _____, _____ Postal Code _____
Name of Legal Representative _____
Position held _____
Correspondence Address _____
City, Country _____, _____ Postal Code _____
Phone Number () _____ Mobile Number () _____
E-Mail _____
_____ Legal Representative
_____ 20 _____

TO BE COMPLETED BY EISAP
Name of the Fiscal Representative _____
Correspondence Address _____
City, Country _____, _____ Postal Code _____
Phone Number () _____ Mobile Number () _____
E-Mail _____

DOCUMENTS TO BE ATTACHED
<ul style="list-style-type: none"> - Copy of Passport or a valid ID card from any European country of the Binding Legal Representative, - Valid Certificate of Good Standing ("<i>Handelsregisterauszug</i>") of the company (less than 6 months old).

PROCESS ASSESSMENT
The Administrative Board of the Association will assess the application. If all internal requirements are fulfilled, a membership admission letter will be emitted.

FINAL NOTE
Membership status implies acceptance and subjection to the statutory rules of EISAP. The statutes of the association can be found at www.portugal-shipowners.com.