REQUEST FOR INFORMATION

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| **Name Surname:**  **Mr./Mrs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Company:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tax Identification Number: \_\_\_\_\_\_\_\_\_** | **Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mob. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: / /2025 Signature:** |

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| **Detailed description of the requested information** |
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| **Other data** |
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| **This section is to be filled out by the Agency** | | |
| Date of receipt: / /2025 | Serial number of the form:\_\_\_\_\_\_ | Recipient of the form delivery: |