

FOR OPERATING IN THE FREE ZONE NOVI SAD

GENERAL INFORMATION:

User: _____
Full name of the company

Address: _____

Postcode _____ City: _____

Phone: _____ Fax: _____

http:// _____ e-mail: _____

Signatory: _____
 Position: _____
 First name: _____
 Last name: _____
 Passport No _____

Contact: _____
 First name: _____
 Last name: _____
 Phone: _____

DURATION OF THE CONTRACT: FROM _____.____.____ **TO** _____.____.____

TYPE OF SPACE REQUIRED

Type of space	Size m ² (minimum 100 m ²)
<input type="checkbox"/> OPEN	_____
<input type="checkbox"/> CLOSED	_____

BUSINESS ACTIVITY PERFORMED IN THE ZONE

Type of activity	Description
<input type="checkbox"/> PRODUCTION	_____
<input type="checkbox"/> SERVICE	_____
<input type="checkbox"/> WAREHOUSING	_____

NOTE: Following documents should be attached:
 1. Business registry confirmation,
 2. Tax identification number confirmation
 3. List of persons authorized to handle the goods (in the attached form)

Authorized person

 signature and stamp