SUBSCRIPTION FORM

Date : Date

**I agree that ReloQI will collect my and my company’s necessary documents and data, to subscribe to the association. It will be stored for the duration of my subscription and can be modified or deleted on demand:**

**Yes  No**

**Company and Representative**

|  |  |  |  |
| --- | --- | --- | --- |
| SURNAME : | | FORENAME : | |
| Position : | |  | |
| Company : | |  | |
| Current address: | | | |
| Zip code : | City : | | Country : |
| Billing address if different: | | | |
| Zip code : | City : | | Country : |
| Office phone number: | | Work Mobile: | |
| Email address : | | Website : | |
| Business Identification number (SIRET) : | | Naf Code : | |
| Main business: | | | |
| Relocation business start date: Date | | | |
| E&O Insurance (Insurance Company and Contract number): | | | |
| Additional memberships of the Company: | | | |

**Three main providers**

|  |  |  |  |
| --- | --- | --- | --- |
| Company | Contact | Email address | Phone number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**To be provided for the subscription**

|  |
| --- |
| Signed subscription form |
| Signed Code of ethics |
| Two providers’ letters, certifying your company doesn’t receive any commission |
| Certificate from the external accountant or equivalent stating that the company does not receive any financial remuneration from any of its service providers, directly or indirectly |
| Company Identification (Kbis extract) |
| A donation is possible through the association account (see website) |

This subscription will be completed after the Executive board’s approval..

The subscription is valid until the 31st December of the current year and must be renewed before the end of February every year.

At       , on Date

Forename Surname

Signature and Company seal

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