

ID No.:

Application for IEBC Virtual Office Packages

Please complete all sections.

1 Please select the Package you wish to be provided.

	Package 1	Package 2
German Land Line Number	✓	✓
Prestigious Business Address in Berlin	✓	✓
Mail and Package Receiving	✓	✓
Call Reception in Your Company Name	✓	✓
Call Report & Voice Box	✓	✓
Fax Services	✓	✓
Monthly One Day Free use of the Meeting Room	-	✓
Monthly Two Days Free use of Office Spaces <i>(With possibility of transferring to later months)</i>	-	✓
Monthly Fee	<input type="checkbox"/> €96	<input type="checkbox"/> €165

Options*:

- | | |
|---|--|
| * Call Forwarding | * Translator/ Interpreter |
| * Personal Assistant to handle Business affairs | * Using Office Spaces while in Berlin |
| * Mail Forwarding | * Using Meeting Rooms & Conference Rooms |
| * Meeting Arrangements | * VoIP Services |
| * Legal & Business Consultancy Services | * Video Conference |

* Separate fees will be charged for requested options.

2 Company information

Company name _____

Address _____

City _____ Country _____ Postcode _____

Tel _____ Fax _____ Company E-mail _____

Website _____ No. of offices _____ No. of employees _____

Date of formation _____

3 Head of Company

Name _____	Position _____
Tel _____	Direct E-mail _____

4 Contact Person: The Company contact person will be the main point of contact for transferring all received communications.

Name _____	Position _____
Tel _____	Mob _____
Fax _____	Direct E-mail _____

5 Please supply a brief company description

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6 Please write below your Primary Accreditation (Your principal business activity) and any Secondary areas.

- Primary Accreditation
- Secondary Accreditations

7 Acknowledgment

By using this application, you give permission to the Board of Directors of IEBC to use legal means of assuring these statements to be true. You confirm that you have read all the conditions contained in this application, have answered each question to the best of your ability and that the information contained is correct.

By providing your contact details, you consent to receive communications sent by or on behalf of IEBC and that IEBC may share your details with other IEBC members and its 'partners' with whom IEBC contracts to provide services to its members.

Name _____	Signature _____	Date _____
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Please return this form, together with the supporting documentation.