



INTERNATIONAL EXTRA VIRGIN OLIVE OIL COMPETITION AIPO D'ARGENTO 2015 APPLICATION FORM

(To be completed in block letters, typewriter or computer)

The undersigned (full name) _____

As in: (title, legal representatives, etc..) Company _____

ch _____ City _____ Province _____ Country _____

Via _____ n. _____

VAT n. _____ tax code _____

Phone _____ Fax _____ E-mail _____ @ _____

el. Reference operator _____ Phone _____

REQUESTS

to participate in the "12 th AIPO SILVER Olive Oil Competition 2015" with these samples (and attaching to the board):

1) sample no. 1 - name of the oil _____

2) sample no. 2 - name of the oil _____

3) sample no. 3 - name of the oil _____

4) sample no. 4 - name of the oil _____

5) sample no. 5 - name of the oil _____

and all that is required by. 5, 6 and 7 of the Rules of Competition.

The undersigned, having taken note of the Competition Rules, hereby accept fully and specifically the final decision of the jury will announce that only the list of award-winning extra virgin olive oil, and not that of the participating companies, and the score assigned to each sample . .

AI € _____ attached to this application as required by art.5 of the Regulation by:

Payment in cash;

Bank (IBAN: IT94 S062 2511 7071 0000 0012 908 – SWIFT BIC: IBSPIT2P)

Require an invoice YES NO

LEGAL REPRESENTATIVE

Date _____

(Stamp and signature)

OFFICE SPACE TO THE COMPETITION

Retired title, issued to _____ on _____ Receipt Tax n. _____