

APPLICATION FORM
AIPO D'ARGENTO 2021

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

The undersigned (Surname and Name) _____

in the quality of: (Holder, Legal Representative) of the Company _____

Postal Code _____ City _____ Prov. _____ Nation _____

Address _____ n. _____

VAT Number. _____ Tax Code _____

Telephone _____ Fax _____ E-mail _____ @ _____

Electronic Invoice: pec _____ @ _____ SDI _____

Reference Operator _____ tel. _____

ASKS

To participate in the 17th International Oil Competition "AIPO D'ARGENTO 2021" with the aforesaid samples (whose file I enclose):

N. (*)	Category of oil in competition (put an x on the chosen box)							OIL NAME
	PDO/PGI	BIO	SINGLE VARIETY	100% ITALIAN	INTERNATIONAL	EVOO TOP WINNERS	FLAVORED	
Sample n. 1								
Sample n. 2								
Sample n. 3								
Sample n. 4								
Sample n. 5								
Sample n. 6								

(*) For each sample send **n. 3 packaged and labeled bottles of 500 ml. + n. 1 additional bottle for any other category to which the company wants to register the same product** (for example: if you want to compete with the same type of extra virgin olive oil in the PDO/PGI, Bio categories, only 2 samples will be considered, thus 4 bottles must be sent; otherwise, if you want to compete with the same type of extra virgin olive oil in the PDO/PGI, Bio and 100% Italian categories, only 3 samples will be considered, thus five bottles must be sent, and so on.)

The Undersigned, having taken note of the Competition Rules, declares to accept it in full and specifically the final judgment of the Official Tasting Committee which will make known only the list of awarded extra virgin olive oils, and not that of the participating companies, and the score assigned to the individual samples.

He also asks to send the data required by art. 6 point e) - company file and extra virgin olive oil data sheet, of the regulation on the computer program:

YES NO

I hereby enclose € _____ as required by art. 6 of the regulation by means:

cash: I request an invoice YES NO

wire transfer Intesa San Paolo - Filiale di Verona, Vicolo Ghiaia n.9

IBAN: IT35A030691846310000003934 - SWIFT BIC BCITITMM – invoice will follow

SIGNATURE OF THE LEGAL REPRESENTATIVE

Date _____

(stamp and signature))

SPACE RESERVED FOR THE COMPETITION SECRETARIAT

Retired the title, for _____ tax receipt issued n. _____ date _____