**APPLICATION FORM**

for Full Membership of the Estonian Chamber of Commerce and Industry

|  |  |
| --- | --- |
| **Company Name** |  |
|   |
| Registry code |  |  | VAT number |  |  |
|  |
| Number of employees |  |  | E-mail address for sending the invoices |  |

**CONTACT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Postal address |  |  | Telephone |  |
|  |  |  |  |  |  |
| City |  |  | E-mail  |  |
|  |  |  |  |  |  |
| Index |  |  | Website |  |
|  |  |  |  |  |  |
| **ACTIVITIES Principal and secondary activities** (EMTAK code and freeform description of the area of activity) |
|  |
| **NB! EMTAK** (the Estonian national version of the NACE classifier) codes are available at <http://www.rik.ee/en/e-business-registry/emtak-fields-activities> General expressions do not allow queries from the database. |

**CO-OPERATION COUNTRIES** (1 – export 2 – import 3 – I am other interested). Please mark with cross.
**Country 1 2 3 Country 1 2 3**

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**CONTACT PERSONS**  We recommend to sign up for our newsletter – we share news about the business environment, trainings and useful services.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name and surname**  | **Official title** | **Telephone** | **E-mail** | Newaletter in English | Newaletter in Estonian  | Newsletterin Russian |
| Member of the board/general manager |  |  |  |  |  |  |  |
| Contact person |  |  |  |  |  |  |  |
| **By adding colleagues you can be sure that the information will reach the right people.** |
| Finance |  |  |  |  |  |  |  |
| HR |  |  |  |  |  |  |  |
| Marketing/sales |  |  |  |  |  |  |  |
| Export/logistics |  |  |  |  |  |  |  |
| Law |  |  |  |  |  |  |  |

By becoming a member of the Estonian Chamber of Commerce and Industry (hereinafter the Chamber) the member shall give the Chamber the right to disseminate the data on the member given in this form (and specified later) through all the information channels at the disposal of the Chamber.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Date** |  |  | **Member of the Board or a person authorized by them** |  |