

Application form for establishment of Joint Venture Company

Name of authorized to consult the office:.....

Tel No.:..... , company's activity:.....

S.N	Company's' name	Nationality	Date of Incorporation	Commercial Register No.	Head office
1 Co.				
2 Co.				

The name suggested to the company (as priority) from 1 to 10

1- 2-..... 3- 4-

Names of members of board of directors :

S.N	Name	Date of Birth	Title
			Chairman and General Manager
			Vice-chairman
			Member of board of directors

Names of members of control committee (no relative relation with board of directors till the fourth class) :

S.N	Name	Date of Birth	Title
			Chairman of control committee
			Member
			Member

Names of Alternate Members of Control Committee :

S.N	Name	Date of Birth	Title
			Alternate Member
			Alternate Member

Executive Manager of Company :

S.N	Name	Date of Birth	Title
			Executive Manager

Capital of company:....., Bank's name :

Head office of company:....., External Auditor:

Note: After filling up, the form shall be sent by E-mail.