



ECONOMIC INTEREST GROUPING
THE AGRO-SYLVOPASTORAL AND FISHERIES SECTOR

SUPPLIER MEMBERSHIP FORM

Company Name.....

Name & Surname.....

Phone number.....

Email.....

Production Site.....

Fields Sector.....

Fields.....

Products	Production capacity	Production frequency	Delivery Method

I hereby declare that I wish to become a supplier member of the MADIKA EIG. As such, I declare that I am familiar with the general conditions for being a supplier.

I provided for my credibility;

- CNI Photocopy, Taxpayer Card, Business Register;
- 02 photos (01 portrait and 01 4x4);

Done at..... On

Supplier Signature