



## New Partner Application Form

PROFESSIONAL INFORMATION					
Insurance Advisor <input type="checkbox"/>	Insurance Agent <input type="checkbox"/>	Insurance Broker <input type="checkbox"/>			
Chamber of Commerce & Industry		Registered Number			
Legal Name	Full name of Legal Representative				
Distinctive Title	Date of commencement of activity				
TYPE OF LEGAL ENTITY					
Individual Enterprize <input type="checkbox"/>	S.A. <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>	General Partnership <input type="checkbox"/>	Limited Partner-ship <input type="checkbox"/>	Private Capital Company <input type="checkbox"/>
Since when have you been active?	Since:				
COMPANY'S REGISTERED OFFICE					
Street		No.			
Area/Municipality		Postal Code			
Prefecture		Country			
COMMUNICATION					
Telephone numbers					
Fax		Mobile			
Email		Url			
COMMERCIAL INFORMATION OF ASSOCIATE'S COMPANY					
Do you operate in the form of a Network?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, how many associates does your network number?					
Network structure, Inspections, Branches (please describe):					
Do you belong to a Network?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you already cooperating with GENIKI PANELLADIKI through another associate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, please mention the Name as well as the total NET production you place in GENIKI PANELLADIKI through this associate:					
Date of Application	The information submitted will be used only for the specific communication and not for any other purpose. For further information about your personal data please visit <a href="https://www.genikipanelladiki.gr/privacy">https://www.genikipanelladiki.gr/privacy</a> .				

**SUBMIT**