

APPLICATION FORM 2010



CENTRE EUROPEEN D' ARBITRAGE

I, the undersigned _____
born at _____ on _____
with offices at _____
registered in _____
VAT Number _____
Profession _____
Tel. _____
Fax _____
E-mail _____
Mobile Phone _____
Web-site _____
Practice Area/s _____
Invoice to be addressed to _____

hereby

apply

for the Membership of the Centre Européen d'Arbitrage

I pay € 100,00 for the 2010 Membership fee by enclosing

the copy of my instructions to my Bank to credit such amount with the account of the CENTRE EUROPEEN D'ARBITRAGE (Compte nr. 00010248902 tenu auprès de la Banque CIAL agence Nuee-Bleue, 1 rue Jean Wenger Valentin, 67000 Strasbourg), Coordonnées bancaires 10037 - BIC code CMCIFRPP IBAN code FR 76 1003 7330 0100 0102 48902 19

a cheque

Place and date

Signature