



INVOLATUS
CARRIER CONSULTING GMBH

AGENCY QUESTIONNAIRE

AGENCY NUMBER

1 GENERAL INFORMATION

name of agency

road / house number

postal code / city

telephone

fax

email

name of bank

Iban

BIC

turnover tax number

2 INFORMATION ABOUT THE COMPANY

type of business entity

company established since

proprietor/managing director

adress

postal code/city

federal state

commercial register number

Please note that only fully completed and signed questionnaires can be processed.

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Date / Signature of Proprietor/Managing Director & Stamp

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