



Application form for membership

To be returned to:

Fedil - Business Federation Luxembourg – Ms Céline Tarraube celine.tarraube@fedil.lu

P.O.B. 1304 - L-1013 Luxembourg

Full Company Title :
Foundation (*) :
Share capital :
Head Offices :
Mail address :
Phone number :
Telefax :
E-mail :
Website :
Registration Nr :
VAT Identification Nr : LU
N.A.C.E. Code :
Company Leader(s)/ :
Function :

Contact person for FTL:
Description of activities : → please enclose documentation (brochures, media-folders) as far as possible
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Affiliated to (Fedil/other) :

Total Employment :

Date:

(Signature and Company's Seal)

() Please add an extract of the company's statutes published in the Memorial C*