# IELS Malta
# Agent Profile

## Company details

Company Name: _____

Registration Number: _____ Date established: _____

| **Registered Address** (*Address used for legal documentation i.e. agreement etc.*) | | **Postal Address** (*For correspondence*) *Please leave blank if same as registered address* | |
|---|---|---|---|
| Addressee | | Addressee | |
| Address | | Address | |
| Town or City | | Town or City | |
| County/Province /State | | County/Province /State | |
| Country | | Country | |
| PTC/ZIP | | PTC/ZIP | |

Office Telephone number: _____ Office Fax: _____
(country code included)

Office E-mail: _____ Skype name: _____

Office emergency number: _____

Web address: _____

Owner or Director: _____
(name and surname)

Telephone number: _____ E-mail address: _____

## Invoice and Statement details

| **Invoices and Statements Information** *Please leave blank if invoice address is the same as registered address* | |
|---|---|
| Addressee | |
| Address | |
| Town or City | |
| County/Province /State | |
| Country | |
| PTC/ZIP | |

E-mail address:

_____

Telephone number:

_____

Skype name:

_____

## Key Staff

| Name and surname | Position (why we should contact them) | E-mail address |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## References

| Reference 1 | Reference 2 |
|---|---|
| Name: | Name: |
| Telephone Number: | Telephone Number: |
| Email address: | E-mail address: |

## Declaration

I declare that this information is true and based on accurate details about the company listed above. I am in a position within the business in order to disclose this information.

Signed: _____ Date: _____

Print name: _____ Position: _____

Please return this form by e-mail to **sales@ielsmalta.com**