



APPLICATION FORM

BQC
Certification Body
96, D. Gounari str. & Kifissias Av.
GR15125 Maroussi, Athens
T +30 211 2213726
info@bqc.gr
www.bqc.gr

Subject
**Training Course
Application Form**

Contact Person
Niki Panopoulou
training@bqc.gr
T & F +30 211 2213726

Bank Account Information
PIRAEUS BANK
Beneficiary
BQC P.C.

IBAN
GR14 0172 0950 0050 9505 6166 792

BIC/Swift
PIRBGRAA

ALPHA BANK
Beneficiary
BQC P.C.

IBAN
GR44 0140 1460 1460 0200 2025 598

BIC/Swift
CRBAGRAA

Please send the **filled**

application form through
email at training@bqc.gr or
through Fax at
+30 211 2213726.

The Application Form should
be sent the latest 10 days
before the starting date of
the training course.

For more information contact
us at +30 211 2213726.

TRAINING COURSE INFORMATION	
TRAINING COURSE: _____	
DATE & PLACE OF VENUE: _____	
PARTICIPANT INFORMATION	
FULL NAME: _____	
OCCUPATION / POSITION IN THE COMPANY: _____	
ADDRESS: _____	
TELEPHONE NR: _____	FAX NR: _____
EMAIL: _____	
COMPANY'S REPRESENTATIVE INFORMATION	
FULL NAME: _____	
OCCUPATION / POSITION IN THE COMPANY: _____	
TELEPHONE NR: _____	FAX NR: _____
EMAIL: _____	
PLEASE FILL IN THE INVOICE DETAILS	
COMPANY NAME: _____	
OCCUPATION: _____	
ADDRESS : _____	P.C. _____
TAX NR.: _____	TAX OFFICE: _____
TELEPHONE NR: _____	FAX NR: _____
EMAIL: _____	
Please note the mailing address if it is different from the invoice address: _____ _____	
PAYMENT	
The cost of the training course should be paid 5 days before the scheduled date of the program.	
FROM WHERE YOU WERE INFORMED ABOUT THE TRAINING PROGRAMS OF BQC:	
- Internet Research <input type="checkbox"/>	- Seminar Search Platform <input type="checkbox"/>
- Social Media <input type="checkbox"/>	- I received an email or phone call from BQC <input type="checkbox"/>
- From my company <input type="checkbox"/>	
GDPR	
I would like to receive information about BQC's services and educational Training Courses: Yes <input type="checkbox"/> No <input type="checkbox"/>	

DATE

SIGNATURE