## **APPLICATION FORM**



			Training Cou	ırse Inforn	nation		
raining course							
ate and place o	f venue						
			Participan	ıt Informa	tion		
full name							
Occupation/ Pos	ition in the c	ompany					
ddress							
Telephone NR					Mob	ile NR	
mail							
			Certificate R	lecipient I	Details		
Full name							
imail							
			Please fill in t	he invoice	details		
ompany name							
Occupation							
Address							
ΓAX NR		TAX Office					
elephone NR				Ema	il		
lease note the r different from	_						
			Pa	yment			
he cost of the t	raining cours	e should	d be paid 5 days b	efore the :	scheduled	date o	f the program.
ank Account In	formation						
PIRAEUS BANK: GR14 0172 0950 005			0 9505 6166 792	605 6166 792 BIC/Swift: PIRI		RAA	Beneficiary: BQC P.C
ALPHA BANK: GR44 0140 1460 146		50 1460	0200 2025 598	BIC/Swift: CRBAGRAA		GRAA	Beneficiary: BQC P.C
	From v	vhere yo	u were informed	about the	training :	program	ns of BQC
Internet Research			Social Media				n email or phone call
Seminar Search Platform		Fr	From my company		Oth	er	
			•	DPR			
I wou	uld like to red	eive infe				ducation	nal Training Courses:

Signature:

BQC | Certification Body | 96, D. Gounari str. & Kifissias Av., GR 15125 Maroussi, Athens | T. +30 211 2213726 info@bqc.gr | www.bqc.gr

Date: