



MAH REGISTRATION FORM

To be completed for each MAH that register to the BeMVO.

IDENTIFICATION OF THE COMPANY	
Name of MAH (the "Company")	
Name and function	
Address	
SPOR OMS Organisation ID	
Email	
INVOICING INFORMATION	
Name	
Address	
VAT Number	
PO Number (if applicable)	
Email	
MAIN CONTACT PERSON (BY PREFERENCE LOCAL REPRESENTATIVE)	
Name and function	
Address	
Phone	
Email	
CONTACT PERSON FOR MANAGING FALSIFICATION ALERTS	
Name	
Address	
Function & Language	
Phone	
Email	

Name & Function:

Signature:

Date: