APPLICATION FORM

for Membership of the Swedish Chamber of Commerce in Hungary

Name of appl	licant:		
Contact perso	on:		
Managing Di	rector / Head of associ	ation:	
Address:			
		Phone number:	
Ownership:	Swedish: o	Hungarian: o Swedish-Hungarian: o	
	Other:		
Number of er	mployees:	Established (Year):	
Activity:			
run a backgroun We hereby app	d check on the applicant and other ship of the delow under artic	ce process the Swedish Chamber of Commerce in Hungary wind mother company (if any). If the Swedish Chamber of Commerce in Hungary on those is 5. ("Atricles of Association of the Swedish Chamber of Commerce in Hungary on those is 5.	se
Article 5.: Acce	ptance of members		
clear association of the realization of the realiza	n to or interest in the develor of the Chamber's purposes a pership must be applied for recommendation by any two plication will be judged by otance or refusal of the adm to of admission of a new	ment Board, any organization or natural person who showes opment of trade and business between Sweden and Hungary and aims can be admitted as a member. For by written application to the Management Board of the commembers of the Chamber must be enclosed. The Management Board at its discretion with a 2/3 majority of the Management Board at its discretion with a 2/3 majority of the Management Board at its discretion with a 2/3 majority of the Management Board at its discretion with a 2/3 majority of the Management Board at its discretion with a 2/3 majority of the Management Board at its discretion with a 2/3 majority of the Management Board at its discretion with a 2/3 majority of the Management Board at its discretion with a 2/3 majority of the Management Board at its discretion with a 2/3 majority of the Management Board at its discretion with a 2/3 majority of the Management Board	nd ne of ne
Date		Signature	

The application form is to be returned to the SCCH by mail or scanned. SWEDISH CHAMBER OF COMMERCE IN HUNGARY Kapás utca 6-12. H-1027 Budapest marta.boddi@swedishchamber.hu