**Application form for a responsibility mark**

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| --- | --- |
| **Registration** | **Renewal** |
|  | |
| **Change (of adress) / Transfer of the company name** | |

1. Name of the applicant

|  |  |
| --- | --- |
| **First name, name or corporate name** | |
|  | |
| **Complete adress** | |
|  | |
| **Phone** | **Fax** |
|  |  |
| **Website** | **E-mail** |
|  |  |

1. Representative (first name, name or corporate name / address / phone / fax)

1. Type of business and products (you can tick more than one designation)

|  |  |
| --- | --- |
| Factory  Workshop  Wholesale trade  Retail trade  Other: | Watches  Jewels  Other: |

1. Reproduction (will be filled by our office)

Place and date Signature of applicant or representative