**Model C09**

Clearing Exam Registration Form

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| **Exam Date:** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ | **Language:** PT  ES  ENG |

1. **Candidate Identification**

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| --- |
| Name: |
| Position: Tax Id: |
| Address: |
| City/Post Code: Country:  País: |
| Telephone: Fax:  Fax: |
| E-mail: |
| Signature: |

1. **Sponsor Identification (Companies)**

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| --- |
| Denomination: |
| Address/Head office: |
| Tax Id.: Type of Entity (1):  NIF: |
| City/Post Code: Country:  País: |
| Telephone: Fax:  Fax: |
| E-mail: |
| Representative: |
| Signature: |

(1) Type of Entity: Member (M); Member Candidate (CM); Other (O), in this case the activity should be specified.

**Invoice issued in the name of:** Company  Candidate

**Date:** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_