



Application form: Abstract of record for private persons

AKV BUSINESS INFORMATION SERVICES

Schleifmühlgasse 2, 1040 Wien

Fax: +43 (0) 5 04 100-1522

Surname:

Forename:

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Date of birth:

M / F:

.....

Address:

Postal code and town:

.....

Former/other addresses:

.....

Telephone:

Email:

.....

Former name(s):

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