|  |
| --- |
| **Questionnaire**  |
| **Company Name** |  |
|  |  |
| **Registration number**  |  |
|  |  |
| **Parent organisation** (if it exists) |  |
|  |  |
| **Legal address*** Country
* Postal Code
* Oblast (State)
* City
* Address
* Phone
* Fax
* e-mail
* Website
 |  |
|  |  |
| **Contact persons** |  |
|  |  |
| **Company Profile** |  |
|  |  |
| **Form of ownership**(Public or private) |  |
|  |  |
| **Company type** |  |
|  |  |
| **Type of the services provided by the company** |  |
|  |  |
| **Work experience** |  |
|  |  |
| **Projects** |  |
|  |  |
| **Date of filling of the questionnaire** |  |