|  |  |
| --- | --- |
| **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** |  |