

APPLICATION FORM
NOVELTIES 2019

Return completed form to:
Stichting Foodspecialiteiten Nederland
Blekerijlaan 1
3447 GR Woerden, The Netherlands
info@foodspecialiteiten.nl

Company name: _____
Contact: _____ m/f
Phone number: _____

Mobile number: _____
E-mail: _____
Website: _____

Mailing address

Address: _____
ZIP-code: _____
City: _____
Country: _____
VAT-number: _____

Billing address (if different from mailing address)

Address: _____
ZIP-code: _____
City: _____
Country: _____

Enrolment is possible with a new product, service or concept related to food specialities. Please use one from per novelty.

The product, service or concept that you wish to enrol is:

Description product: *

Gross cost price: € _____ Per unit: _____

Gross retail price: € _____ Per unit: _____

Introduction date: _____

***please attach photo (for publication)**

Undersigned has noted and agrees with the terms of participation set by the Stichting Foodspecialiteiten Nederland in the 'Novelties Rules 2019'. And is authorised to sign this authorisation and agrees with the payment of € 100,00 per specified novelty.

Date _____

Signature _____