



# APPLICATION FOR PARTNERSHIP

## Applicant Personal Details

Applicant Surname

Applicant Last name

Applicant Phonenumber

Applicant E-mail

Applicant position within the Company

Applicant Social Security Number (SE)

 - 

## Company Details

Company Name

Organization Number

 - 

Company Primary Address

Zip Code

County

Does your company operate in Sweden primarily?

 Yes  No

Is your company registered in Sweden?

 Yes  No

\_\_\_\_\_  
*Signature Applicant*

\_\_\_\_\_  
*Place and date*

\_\_\_\_\_  
*Signatur Reciever*

\_\_\_\_\_  
*Place and date*

### Contract terms

By signing this agreement document, the applicant certifies that all information provided is true and correct to the best of their knowledge and belief. Applicants confirm that no intentional inaccuracies or misleading information have been included in this document. This assurance is given in good faith and constitutes a binding confirmation that all information provided is in line with reality. Applicant undertakes responsibility to immediately inform of any changes in the information provided that may affect the validity or relevance of this agreement.