

A' Authorized Seller and Service Provider (ASP) Application Form

Profile ID Number

Within the scope of this agreement, you are noted as the Applicant. You are applying to A' Design Awards to become an A' Design Award Authorized Seller and Service Provider. The program details are as noted in the A' Authorized Seller and Service Provider page at <https://competition.adesignaward.com/authorized-seller.html>

Please kindly print this form, fill all fields by hand, sign, scan and send us back the form by electronic mail to support@adesignaward.com and post to our address A' Design Awards, Via Leone Leoni 32, 22100, Como, Italy together with the required documentation and attachments as noted in this form.

Applicant Personal Identification and Address Details

Name	_____
Surname	_____
Date of Birth	____/____/____ DD MM YYYY
Address	_____ _____ _____ _____
Postal/Zip No	_____
Country	_____
Mobile Phone	_____
Email	_____ _____

Applicant Company and Brand Details

Brand Name	_____
Legal Name	_____
VAT Number	_____
Address	_____ _____ _____ _____
Postal/Zip No	_____
Country	_____
Phone Number	_____
Email	_____

Foundation Date	____/____/____ DD MM YYYY
Number of Employees	_____
Type of Business	_____
Operational Territory	_____

Qualifications and Expertise

Describe Any Relevant Experience in Sales, Marketing, or Design-Related Fields

Previous Collaborations/Partnerships

List and Briefly Describe Any Previous or Ongoing Collaborations or Partnerships Relevant to the ASP Role

Documentation and Verification

1. Business License/Registration

Attach a Copy of Your Business License or Registration Document.

2. Identity Card

Attach a Copy of Your Identity Card.

3. Application Fee Payment Confirmation

a) Provide Proof/Receipt of Payment of the Application Fee

b) Alternatively, Please Provide Declaration of A' Design Award Laureate Status for Fee Waiver

By signing this form, you agree and state that information contained above is the sole truth. You declare that to the best of your knowledge, the information given on this form is correct and truthful. If you agree, please type your name with your handwriting and also dully sign the claim document.

Date of Signature DD MM YYYY

Location or Country of Signature

Signature: _____

On Behalf of Applicant - Agreed, Signed & Stamped:

Signature: _____

Official Stamp : _____

On Behalf of A' Design Awards, Agreed, Signed & Stamped:

Signature: _____

Official Stamp : _____