

**SLV-GSI Polska Sp. z o.o**. **GSI SLV DUISBURG**

ul. Wolności 191; Bismarckstr. 85

41-800 Zabrze; Polska 47057 Duisburg; Niemcy

## A P P L I C A T I O N for course year 2024

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| Course to prepare for the internationally recognized coating inspector exam byFROSIO SCHEME CERTIFIED |
| from 24.02.2024 to 08.03.2024 Exam 07.- 08.03.2024  from 06.04.2024 to 19.04.2024 Exam 18.- 19.04.2024  from 04.05.2024 to 17.05.2024 Exam 16.- 17.05.2024  from 17.08.2024 to 30.08.2024 Exam 29.- 30.08.2024  from 05.10.2024 to 18.10.2024 Exam 17.- 18.10.2024 |
| Opłata za uczestnika: EURO **4.820,00** zwolniona z VAT |

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| --- | --- | --- | --- |
| **Name** | | **Surname** | |
| …………… | | ………….. | |
| **Date of birth** | **Place of birth** | **E-mail. (**to contact the participant) | **Tel. (**to contact the participant) |
| ………….. | …………….. | …………… | ……………………. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Full company name** (Invoice data) | **street** | **postcode** | **town** |
| ………….. | ………….. | ………. | ………….. |

|  |  |
| --- | --- |
| **country** | TIN (European Taxpayer Identification Number required): |
| ………….. | ………….. |

**Declaration of acceptance of electronic invoices**

(1) I hereby declare that I consent to SLV Duisburg issuing and sending invoices, correction invoices and duplicate invoices in electronic form, with all legal effects of delivery.

(2) I request that the VAT invoices be sent by SLV Duisburg to the e-mail address specified below:

|  |
| --- |
| Mail: ………………….…….. |

|  |  |  |
| --- | --- | --- |
| place: | date: | signature of authorized person |
| ………….. | ………….. | ………….. |

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| Personal data is collected for purposes related to the organisation of the course or for statutory purposes of SLV, taking into account the provisions of the Data Protection Act. |

**The application is made through SLV-GSI Polska Sp. z o.o. –**[**jerzy.kozlowski@slv-polska.pl**](mailto:jerzy.kozlowski@slv-polska.pl) **on behalf and for the account of GSI SLV Duisburg.**