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| **Company / Organisation:** Please fill in |
| **Adress:** Please fill in. | **Company Email:** Please fill in |
| **Company description:** Please fill in. | **Sector:** Please fill in.**Website:** Please fill in. |
| **Number of Employees:** Please fill in. | **Location of headquarter**[ ]  Mongolia[ ]  Germany / worldwide |
| **Name of Director:** Please fill in.**Position:** Please fill in.**Email:** Please fill in**.** | **Telephone** Please fill in**.****How can we contact you?** [ ]  English [ ]  German [ ]  Mongolian |
| **Name of personal Assistant:** Please fill in. |
| **Email:**Please fill in | **Telephone:** Please fill in**.****How can we contact you?**[ ]  English [ ]  German [ ]  Mongolian |
| **Name of Deputy Director:** Please fill in |
| **Position:** Please fill in.**Email:** Please fill in. | **Telephone:** Please fill in.**How can we contact you?**[ ]  English [ ]  German [ ]  Mongolian |
| □ Yes, our organisation would like to become a member of the DMUV. Please send us your membership invoice.□ Our organization's main contact person will receive letters and information from the GMBE Association brochures, invitations to events, and membership invoices. |
| □ I understand that the personal data (contact details) on this application form can be used by the German-Mongolian Business Association for the administration of its database and membership records, its own marketing purposes, sending out its newsletter, sending out invitations to events and invitations to participate in surveys. Only the company’s email address will be used in the membership directory and on the DMUV’s website. If you want us to stop sending correspondence to the contact person, please let us know by email, or letter. |
| * **Fill out the application form and send with your company logo to this address:** info@dmuv.mn
* **Membership will start upon reception of membership fee payment and approval by the Board of Directors**
* **I hereby accept the terms & conditions of membership and agree to abide by the Regulation of the DMUV**
 |
| **Date:** Please fill in. | **Signature:** Please sign. |