

Membership Form

Company Information

Company Name

VAT. No

Postal Address

Postal Code

City

Visiting Address

Postal Code

City

Website Address

Business Telephone

Business e-mail

CEO Name

CEO Telephone

CEO e-mail

If billing address is not the same as postal address, please enter billing address below. Address

Postal Code

City

Contact Person for Application

Contact Name

Contact Telephone

Contact e-mail

I hereby apply for a membership in Mobility Sweden Adm AB:

Signature

Printed name

In order to become a member of Mobility Sweden, the most recent annual report with audit report must be attached to the application. Completed and signed application is sent to **info@bilsSweden.se**. You will receive confirmation that the application has been received. Formal decision will be taken at the following board meeting, and we will contact you.

Mobility Sweden Adm AB, P.O. Box 26173 [Storgatan 19], SE-100 41 Stockholm,

Sweden, Telephone +46 8 700 41 00, Telefax +46 8 791 23 11

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