

APPLICATION FORM

(If you have applied to the competition for more than one packaging product, please fill in the form for each.)



Katılımcı;

Company Name	
Company Address	
Phone & Fax	
e-mail - web site	
Invoice Details Please specify if different from the mentioned above Company Name / Address Tax Office and Number	TAX OFFICE : TAX NUMBER:

Contact Person;

Name Surname	
Title / Position	
Phone / Fax / Mobile	
e-mail	

Name of the Packaging;

Name of the Packaging	
Manufacturer Company / Country-City	
Packaging Filler Company (Brand Owner) / Country-City	
Designer Name, Surname	

Please tick one of the following:

- Designer is the permanent and waged employee of the attendee company
- Designer is freelancer
- The designer is the waged and permanent employee of the packaging manufacturers.

Competition Category

(Please select one category):

- Beverages
- Food
- Home-Automotive-Office Appliances, Equipment and Disposables
- Industrial and Transportation Packages
- Other Non-Food Packaging
- Electronic and Electrical Goods
- Health and Cosmetic Products
- Pharmaceuticals
- Packaging Materials ve Components
- Point of Sale, Presentation and Storage Products
- Flexible Packaging
- Graphic Design
- Luxury Packaging

Application Date;
Representative from Applicant Company;
Name, Surname;
Stamp and Signature;

- I declare on behalf of myself and my company that all information provided in this application is complete and correct. We have obtained the necessary permissions from the Packaging Manufacturer / Brand Name Owner / Designer of the Packaging for the product we apply.

PAYMENT DETAILS

- I transferred/paid at __/__/2024 to Garanti Bank – Koşuyolu Branch / Swift Code: TGBATRIS062 IBAN NO: TR98 0006 2001 0160 0009 0953 87 ASD-Packaging Manufacturers Association Account.
- I here in accept Euro to be withdrawn from the credit card of which details are given below

Credit Card Number	
Expiration Date	
Security Code	
Full Name of Card Holder	