MEMBERSHIP FORM

WEZA ALLIANCE

WEZA
World.Economic.Zones.Alliance

REGISTRATION FORM

Director / President / Chairman :

Date :

D D M M Y Y Y Y

Membership Type : ZES FIRM

Applicants / Account Holder's Name : _____

PERSONAL INFORMATION

First Name /surname :

Full Address :

Nationality :

City / Country :

E-Mail :

Applicants / Account Holder's Name : _____

_____

Signature Of Author

Send it to : *contact@weza-alliance.org*

THANK YOU FOR YOUR INFORMATION

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