



ανακύκλωση
συσκευών α.ε.

Date / /

REQUEST FOR MOUNTING EQUIPMENT BINS

COMPANY	
PRN*	
HEADQUARTERS (address, number, area, postal code)	
ACTIVITY	
VAT NUMBER	
IRS	
TELEPHONE	
FAX & e-mail	
BIN'S PLACEMENT ADDRESS	
TELEPHONE	
PERSON IN CHARGE	
BINS QUANTITY	
COMMENTS (DESCRIPTION)	
SIGNATURE FULLY WRITTEN	

*Only for Producers enrolled in the System

Please complete this form and send it to us by fax at +30 210-5319766 or +30 2810-380645

COLLECTIVE SYSTEM OF ALTERNATIVE WASTE MANAGEMENT ELECTRICAL AND ELECTRONIC EQUIPMENT
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