

Registration and fee form

Member data

Last and First Name		Licence number	
Facility		Id. No. in Chamber	
Facility Address			
Contact phone		e-mail address	

GROUP APPLICATION FOR PAYING REGISTRATION FEE

	First and last name	Licence number	Id. No. in Chamber
1			
2			
3			
4			
5			
6			
7			
8			
9			

REGISTRATION FEE DATA

First and last name of the person who pays			
Phone No.		fax	

Name of the facility or firm who pays	
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Full address of the facility or firm			
TIN		Registration number	
TIN and registration data request in the facility who pays			

Registration and fee form should be sent by email to tcsnsl@vma.mod.gov.rs
