

Line	Name of the business											
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2	2021FsEEBIKoeGes											
3	<b>Supplement to the VAT registration form</b>											
4	<b>for non-resident businesses</b>											
5	<b>Corporations and partnerships (cf. 1.2)</b>											
6	<b>1. Legal representative</b>											
7	Last name						First name					
8	Date of birth (DD.MM.YYYY)				Identification number							
9	Street											
10	Street number			Letter suffix (if applicable)			Additional address details (if applicable)					
11	Postcode/City											
12	Country											
13	Contact details											
14	Telephone		Country code		Area code		Telephone number					
15	Country code		Area code		Telephone number							
16	E-mail											
17	Website address											
18	Tax office						Tax number					
19	VAT identification number (if applicable)											
20	<b>2. Establishment of the corporation/partnership</b>											
21	<input type="checkbox"/> Newly established on (DD.MM.YYYY)				<input type="checkbox"/> Relocated on (DD.MM.YYYY)							
22	<input type="checkbox"/> Taken over on (DD.MM.YYYY)				<input type="checkbox"/> Change of legal form on (DD.MM.YYYY)							
23	(Please attach the relevant contracts including translations.)											
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Name of the business

**3. Articles of association and registration in a (foreign) official register (e.g. commercial register)**

Please attach the articles of association and excerpt from the (foreign) register with a translation.

In which country was the corporation/partnership established?

Legal form of the corporation/partnership

(DD.MM.YYYY)

The corporation/partnership was established by means of an agreement dated

(DD.MM.YYYY)

(DD.MM.YYYY)

Registration was applied for on

Registration took place on

in the following (foreign) register

under the following category (e.g. number)

for a German branch in the following domestic register

under the following category (e.g. number)

by a notary (if applicable)

Last name

First name

Street

Street number

Letter suffix (if applicable)

Additional address details (if applicable)

Postcode/City

Country

**4. Shareholder information**

No.

0 0 0 0 1

Company

or

Last name

First name

Street

Street number

Letter suffix (if applicable)

Additional address details (if applicable)

Postcode/City

Country

Date of birth (DD.MM.YYYY)

or founding date

(DD.MM.YYYY)

Profession / Business activity / Nature of business

Nominal value of shareholding in EUR

in %

Competent tax office

Tax number

Identification number

Line 61	Name of the business			
62				
63	No. 0 0 0 0 2			
64	Company			
65	or Last name		First name	
66	Street			
67	Street number	Letter suffix (if applicable)	Additional address details (if applicable)	
68	Postcode/City			
69	Country			
70	Date of birth (DD.MM.YYYY)		or founding date (DD.MM.YYYY)	
71	Profession / Business activity / Nature of business			
72				
73	Nominal value of shareholding in EUR		in %	
74	Competent tax office			
75				
76	No. 0 0 0 0 3			
77	Company			
78	or Last name		First name	
79	Street			
80	Street number	Letter suffix (if applicable)	Additional address details (if applicable)	
81	Postcode/City			
82	Country			
83	Date of birth (DD.MM.YYYY)		or founding date (DD.MM.YYYY)	
84	Profession / Business activity / Nature of business			
85				
86	Nominal value of shareholding in EUR		in %	
87	Competent tax office			
88				
89	In the case of more than three shareholders: <input type="checkbox"/> The continuation sheet "Shareholders" (FsEEBIAnt) with additional shareholders is attached.			
90				