



PUM Customer account form

Organizational Information

| | |
|----|--------------------|
| 1. | Organization name? |
| 2. | Address? |
| 3. | Postal Code |
| 4. | City |
| 5. | Country |

Communication

| | |
|----|-------------------------------|
| 6. | Phone Number? |
| 7. | Website |
| 8. | Facebook page of organization |

Name and position of the contact person

| | |
|----|----------------------------------------------------------|
| 9. | Gender |
| 10 | Initials |
| 11 | First name |
| 12 | Surname |
| 13 | Phone Number |
| 14 | Email |
| 15 | Skype Name |
| 17 | Date of birth |
| 18 | Job Title |
| 19 | Would you like to receive our digital newsletter? yes/no |

PUM Customer project request form

Customer

| | |
|---|--------------------|
| 1 | Organisation name? |
|---|--------------------|

Project details

| | |
|---|--------------------------------------------------------------------|
| 2 | What is the reason for this assistance? |
| 3 | Which project activities do you expect the expert to perform? |
| 4 | What are the expected results of the project (please be specific)? |

Yearly information

| | |
|----|----------------------------|
| 5 | Year |
| 6 | Permanent employees |
| 7 | Non-permanent employees |
| 8 | Total turnover (in €) |
| 9 | Balance sheet total (in €) |
| 10 | Year |
| 11 | Permanent employees |
| 12 | Non-permanent employees |
| 13 | Total turnover (in €) |
| 14 | Balance sheet total (in €) |
| 15 | Year |
| 16 | Permanent employees |

| | |
|----|------------------------------------------------------|
| | |
| 17 | Non-permanent employees |
| 18 | Total turnover (in €) |
| 19 | Balance sheet total (in €) |
| 20 | What is the operational model of this organisation? |
| 21 | What are the products and/or services sold? |
| 22 | Where and how are the products and/or services sold? |

Legal information

| | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 23 | In which year did your organisation start operations? |
| 24 | What is the legal form of the organisation? <i>(Sole proprietorship, Limited Liability company, Partnership, Associations, Co-operative, Nonprofit, other)</i> |
| 25 | Is your company part of a holding/group companies? |
| 26 | Does your company work under a franchising contract? |
| 27 | Is there any foreign ownership? |
| 28 | Percentage: Private Government Other |

Additional information

| | |
|----|--------------------------------------------|
| 29 | How did your company first hear about PUM? |
| 30 | Additional comments |