



## A SUPERIOR BUSINESS GATEWAY BETWEEN IRAN AND SCANDINAVIA

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### Membership application

Company name: _____	Org.number: _____
Address: _____	Line: _____
Postcode/zip: _____	Reference person: _____
Phone: _____	Fax: _____
E-mail: _____	Homepage: _____

Note/comments: _____ _____ _____ _____	
Date / Place _____	Sign: _____

Please send this application to:

### **Scandinavian-Iranian Chamber of Commerce**

P.O. Box 1069

s-164 25 KISTA /Sweden