



**DKF**  
e.V.

*European network for  
offset, counter trade and  
industrial participation*

## Request for DKF Membership

**DKF e.V.**

Magellanstrasse 16,  
70771 Echterdingen  
Germany

**Mobil: +49 152 26 43 1000**

**E-Mail: [dkf-office@dkf-offset.com](mailto:dkf-office@dkf-offset.com)**

Hereby I (we) apply for my (our) application for membership to the DKF with immediate effect.

I (We) oblige (us) to pay the full annual fee in accordance with the valid defined contribution regulations as soon as we receive the confirmation as a member of the DKF e.V.

According to the respective valid defined contribution regulations, I (we) join

- Category 1 - EUR 750:** full member; with voting rights ( obligors and non-obligors )
- Category 2 - EUR 350:** Extraordinary member; without voting rights ( Government, non-profit organizations etc )

Questionnaire for potential DKF Member:

### A. Identifying Company Information

Full name of the company (official registration name):

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Contact Person:

.....

Department:

.....

Branch:

.....

Street:

..... Nr. ....

Zip Code:

..... City: .....

Phone:

.....

Fax:

.....

Cell Phone:

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E-Mail:

.....

Internet:

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DKF e.V. Magellanstrasse 16, 70771 Echterdingen, Germany

Chairwoman of the Board: Silvia Bergmann

Board members: Markus Bauer, Thomas Zentellini, Stephan Thalhammer

Board member and Treasurer: Sonia Mehaignoul

DKF Office Manager: Günter Celikel

Contact: [DKF-Office@dkf-offset.com](mailto:DKF-Office@dkf-offset.com)

Register of Associations: Stuttgart Local Court, VR723958

Bank: Commerzbank AG, Waldhofstraße 37, 68169 Mannheim, Germany

BIC: COBADEFF670 - BAN: DE85 6704 0031 0610 0952 00



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## **B. Company Business Information**

B.1. Date of formation of the company:

B.2. Please provide any other names by which the company has been known and the date of name change:

B.3. Please provide the commercial registration number and registration authority:

B.4. Number of employees: \_\_\_\_\_

Please attach a copy of the company's current internal organization chart.

B.5. Please describe the company's principal lines of business:

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B.6. Please provide a chart showing the group structure:

B.7. Non-obligor / Offset Service Provider:

If you are a non-obligor or Offset Service Provider:

- Please fill the “special form/questionnaire” for non-obligors / Service Providers
- Please provide a detailed company presentation which will be provided to our members

## **C. Certification**

The signee, being duly authorized to respond to this questionnaire and to acknowledge the matters set forth below, hereby acknowledge as follows:

All information given in this questionnaire is correct and complete.

**Signature:** \_\_\_\_\_

**Full name:** \_\_\_\_\_

**Place and date of signature:** \_\_\_\_\_

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