



**DKF**  
e.V.

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

## Request for DKF Membership

**DKF e.V.**

Fichtenweg 4,  
86938 Schondorf am Ammersee  
Germany

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

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

**E-Mail: [Guenter.celikel@dkf-offset.com](mailto:Guenter.celikel@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 900:** full member; with voting rights (obligors and non-obligors)
- Category 2 - EUR 500:** Extraordinary member; without voting rights non-profit organizations etc.

Questionnaire for potential DKF Member:

### **A. Identifying Company Information**

Full name of the company (official registration name):

.....

Contact Person: .....

Department: .....

Branch: .....

Street: ..... Nr. ....

Zip Code: ..... City: .....

Phone: .....

Fax: .....

Cell Phone: .....

E-Mail: .....

Internet: .....



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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:

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



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**B.6. Offset Service Provider:**

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

- Please fill the “special form/questionnaire” 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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## **D. Special form/questionnaire Service Providers:**

### **This section is relevant only to Service Providers**

Please be advised that DKF e.V. will carefully evaluate the information provided above to determine the applicant's eligibility for membership. It is explicitly noted that any provision of false information or misrepresentation can result in the immediate termination of said membership.

#### **Important Notice:**

**This questionnaire is strictly confidential and will only be accessible to the DKF board.**

**The applicant is required to furnish a presentation that may be shared with DKF members. Acceptance of Service Provider membership can solely be conferred during a members assembly meeting, as determined by the members.**

### **SERVICE PROVIDER ORGANIZATION**

#### **Type**

- Limited Company/Limited Liability Company
- Individual
- Partnership

Country / State

Registration Number \*

Identification Number \*\*

Incorporation date

Share Capital

(\*) for a legal entity  
(\*\*) for an individual



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**Shareholders**

**(Name / residence) Citizenship Occupation %**

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**Main directors and employees**

**Name / Title Education / Training, Experience, Special qualification**

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**Does the applicant (legal entity) run local and/or foreign subsidiary companies?**

Yes

No

If yes, specify name, country of incorporation and business of these companies.

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## **OPERATIONS**

**What is the statutory business (objects) of the applicant legal entity?**

**Describe briefly nature and historical background of the applicant's activity:**

**Number of employees:**



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**Provide names of persons that can recommend the applicant**

**APPLICANT'S COMMENTS**

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