


 Fill in the form on your computer or legibly by hand. Sign the form and send in the original. **More information on page 4.**

 Skicka till | Send to
Bolagsverket
 SE-851 81 Sundsvall, Sweden

1. Anmälan gäller | Application regarding

| | |
|--|---|
| <input type="checkbox"/> Registrering av en gruppering som ska ha sitt säte i Sverige Registration of a grouping with its registered office in Sweden | <input type="checkbox"/> Registrering av en gruppering som har huvudkontor eller avdelningskontor men inte sitt säte i Sverige Registration of a grouping which has its main office or branch office but not its registered office in Sweden |
|--|---|

2. Kontaktperson | Contact information for this case Fill in your email address and telephone number so we can contact you easily.

| | | | |
|---|--|--------------------------------------|---------------------|
| Kontaktpersonens förnamn och efternamn First name and surname of the contact person | | Företagsnamn Business name | |
| Postadress Postal address | | Postnr Postcode | Postort Town/City |
| E-postadress Email | | Telefonnummer Phone number daytime | |

3. Företagets adress | Address of the grouping

| | | |
|-----------------------------|---------------------|------------------------------|
| Postadress Postal address | | |
| Postnr Postcode | Postort Town/City | E-postadress Email address |

4. Registreringsort och registreringsnummer | Place of registration and registration number

| | |
|--|---|
| Registreringsort Place of registration | Registreringsnummer Registration number |
|--|---|

5. Företagsnamn | Business name Give more than one proposal.

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|------------------------------|
| Förslag nr 1 Proposal no.1 |
| Förslag nr 2 Proposal no.2 |
| Förslag nr 3 Proposal no.3 |

6. Medlemmar | Members may be legal entities.

| | | |
|--|---|---------------------|
| Personnummer/organisationsnummer Personal identity number/Registration number | Land om bosatt utomlands Country (if resident abroad) | |
| Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name | Samtliga förnamn All first names | |
| Postadress Postal address | Postnr Postcode | Postort Town/City |
| Personnummer/organisationsnummer Personal identity number/Registration number | Land om bosatt utomlands Country (if resident abroad) | |
| Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name | Samtliga förnamn All first names | |
| Postadress Postal address | Postnr Postcode | Postort Town/City |
| Personnummer/organisationsnummer Personal identity number/Registration number | Land om bosatt utomlands Country (if resident abroad) | |
| Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name | Samtliga förnamn All first names | |
| Postadress Postal address | Postnr Postcode | Postort Town/City |

Fortsättning 6. Medlemmar | Continued 6. Members

| | | |
|--|---|---------------------|
| Personnummer/organisationsnummer Personal identity number/Registration number | Land om bosatt utomlands Country (if resident abroad) | |
| Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name | Samtliga förnamn All first names | |
| Postadress Postal address | Postnr Postcode | Postort Town/City |
| Personnummer/organisationsnummer Personal identity number/Registration number | Land om bosatt utomlands Country (if resident abroad) | |
| Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name | Samtliga förnamn All first names | |
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| Personnummer/organisationsnummer Personal identity number/Registration number | Land om bosatt utomlands Country (if resident abroad) | |
| Efternamn/registrerat företagsnamn Surname/If legal entity, registered business name | Samtliga förnamn All first names | |
| Postadress Postal address | Postnr Postcode | Postort Town/City |

7. Företagsledare | Business manager

| | | |
|---|---|---------------------|
| Personnummer Personal identity number | Land om bosatt utomlands Country (if resident abroad) | |
| Efternamn Surname | Samtliga förnamn All first names | |
| Postadress Postal address | Postnr Postcode | Postort Town/City |
| Personnummer Personal identity number | Land om bosatt utomlands Country (if resident abroad) | |
| Efternamn Surname | Samtliga förnamn All first names | |
| Postadress Postal address | Postnr Postcode | Postort Town/City |

8. Särskild delgivningsmottagare | Person authorized to receive service of process

| | | |
|---|------------------------------------|---------------------|
| Personnummer Personal identity number | | |
| Efternamn Surname | Samtliga förnamn All first names | |
| Postadress Postal address | Postnr Postcode | Postort Town/City |

9. Firmateckning | Signatory power Must be filled in if more than one person is authorized to sign on behalf of the grouping.

| | |
|--|--|
| <input type="checkbox"/> Grupperingen tecknas av företagsledarna var för sig The business managers, individually, are entitled to sign on behalf of the grouping. | <input type="checkbox"/> Grupperingen tecknas av företagsledarna gemensamt The business managers, together, are entitled to sign on behalf of the grouping. |
|--|--|

10. Verksamhet | Business activities Specify the line of business. Please note that the description of the business activities must be in Swedish.

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11. Tiden för grupperingens bestånd | The duration of the grouping The duration must be filled in if not indefinite.

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12. Övrigt | Other matters

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13. Bevittnad namnteckning för den särskilda delgivningsmottagaren | Signature and witness of signature of the person authorized to receive service of process

| | |
|--|--------------------------------|
| Namnteckning Sign name | Namnförtydligande Print name |
| Ovanstående namnteckning bevittnas av två personer The above signature witnessed by two individuals | |
| Namnteckning Sign name | Namnförtydligande Print name |
| Namnteckning Sign name | Namnförtydligande Print name |

**14. Försäkran och underskrift | Declaration and signature** The form must be signed by all the members. Please use blue ink.

I hereby declare that the specified members have not been declared bankrupt and have not been prohibited from carrying on business.

Datum | Date

| | |
|--------------------------|--------------------------------|
| Namnteckning Sign name | Namnförtydligande Print name |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Företagsledare | Business manager

I hereby declare that

- I have not been declared bankrupt and I do not have a custodian as stated in chapter 11, section 7 of the Swedish Parental Code
- the person authorized to receive service of process does not have a custodian as stated in chapter 11, section 7 of the Swedish Parental Code.

Datum | Date

| | |
|--------------------------|--------------------------------|
| Namnteckning Sign name | Namnförtydligande Print name |
| _____ | _____ |

Ovanstående namnteckningar bevittnas av två personer | The above signature witnessed by two individuals

| | |
|--------------------------|--------------------------------|
| Namnteckning Sign name | Namnförtydligande Print name |
| _____ | _____ |
| Namnteckning Sign name | Namnteckning Print name |
| _____ | _____ |

Registreringsavgift | Registration fee

We will send a notification to the contact person for this case with information about the registration fee and how to pay it. We can start processing your application when we have received the payment.

Information

Use this form when you want to register a new European economic interest grouping (EEIG). When the application has been registered we will send you a registration certificate in Swedish. You will find more information on bolagsverket.se.



Attachment

- Certified copy of the grouping's contract in Swedish.

1. Application regarding

State the alternative you want to report for registration.

2. Contact information for this case

Fill in the contact information for this case.

3. Address of the grouping

Fill in the address as well as the email address, if any.

4. Place of registration and registration number

Fill in the place of registration and registration number. This is only to be filled in by groupings with their head office or branch office in Sweden.

5. Business name

State more than one proposal for your business name. If you submit more than one proposal, we will examine them in the order you have listed them in. We will register the first proposal we examine that we are able to accept, without first contacting you.

6. Members

Fill in the personal and address details of the members. Individuals who are not registered in the Swedish population register must fill in their country of residence. Even a legal person may be a member. In that case you must fill in the legal person's company registration number and business name.

7. Business manager

Fill in the personal and address details of the business managers. Individuals who are not registered in the Swedish population register must fill in their country of residence.

8. Person authorized to receive service of process

A grouping with its registered office in Sweden must report a person authorized to receive service of process for registration, if none of the business managers of the grouping are resident (domiciled) in Sweden. Fill in the personal and address details of the person authorized to receive service of process.

9. Signatory power

State the signatory power that applies for the grouping.

10. Business activities

Describe the business activities in as much detail as possible. You must be precise regarding the line of business, for example retail sale of shoes or consulting business within IT.

11. The duration of the grouping

The duration of the grouping must be filled in if not indefinite.

12. Other matters

Fill in extra information here, for example if the grouping has special provisions stipulated in the contract.

13. Signature and witness of signature of the person authorized to receive service of process

The person authorized to receive service of process must sign the form and the signature must be certified by two people.

14. Declaration and signature

All the members must sign the form and their signatures must be certified by two people.