PARTICIPATION FORM
in Health Claim awards of olive oil

(*fill out with capital letters*)

Company name: …….....…….

Tax ID …….…… Country: ……..……

Street: …….…… Post Code: ……..…. City: …….……

Telephone: …….…… Mobile: …….

E-mail: ……..……. Site: www. ……..……..……

Activity: ……

Person in charge: ……..……

The undersigned producer/processor of extra virgin olive oil under the brand name:

…….with at least 500 kilos of end

product produced and standardized. The variety of olive trees is: ……

DECLARE

the sample's participation as described above to the **LONDON IOOC 2017 Olive Oil competition, Health Claim Olive oil Awards** by attaching all the necessary documents as instructed in article 4 of the Competition's Regulation.

ΕΧΟΝΤΑΣ HAVING READ AND FULLY UNDERSTOOD THE REGULATIONS OF THE COMPETITION, I DECLARE THAT:

- I accept the decision of the tasting committee as well as the creation of a catalogue only with the awarded olive oil samples (the rating for the rest of the samples will not be announced to the public). The participation has to be just with one brand name per type of olive oil & table olive packaging.
- Συμφωνώ agree to deliver by **06/04/2017 and time 16.00** four **(4) glass bottles or can of 750ml or 500ml** sealed and regularly labeled of the olive production period 2016-2017 and to fill the necessary forms (reference Regulation of the Competition, article 4) at the secretariat of the Competition.
- I understand that not filling the forms in total or filling them with omissions will exclude my participation in the Competition.
- I consent to the use of my personal data regarding my company for the Competition's purposes (Regulation L.196/2003), within the framework of the promotion and diffusion of information in and out of the European Union and internationally.

Date: / / 201 Signature/Company stamp