**ANNEX 7: REQUIREMENT FOR SERVICES CERTIFICATION**

**I. General information**

1. Name of the person (applicant) for registration:

2. Headquarters or address of residence of the applicant:

3. Name and surname of the applicant's legal representative:

4. Registration number:

5. Postal address:

6. Email address:

7. Website (if any):

8. Phone:

9. Number and date of the provider registration decree (applicant):

10. Contact person for carrying out the procedure:

* name and surname:
* phone:
* Email:

**II. Additional information required for the conclusion of an eventual certification contract**

11. VAT identification number:

12. IBAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, BIC/SWIFT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. Service information**

13. Service type:

* capture
* digital preservation
* accompanying services related to digital records:
	+ - selection of records
		- conversion of records from physical to digital form
		- conversion of records in digital form to a long-term format
		- arrangement of records
		- destruction of records
		- on the provision of safe premises
		- other services than capture and preservation.

14. Type of service as entered in the register of equipment and service providers:

15. Service description:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Hardware used to perform the service (certificate number):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Software used to provide the service (certificate number):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Internal rules for the provision of the service (decree number):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and surname of the applicant's legal representative:

Signature of the applicant's legal representative:

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