


 <i>Company of</i> 	Quality Management System of Ali S.p.A.	TYPE OF DOCUMENT	
		TEMPLATE	
	TEMPLATE FEA – DELEGATED LEGAL PERSON	CODE	REVIEW
		All.B MO 56_en	01 of 21.12.2022

**FORM FOR THE IDENTIFICATION OF ADDITIONAL DELEGATES TO USE THE SOLUTION ON BEHALF OF THE CONTRACTOR**

Pursuant to Art. 3 of the Agreement, the Contractor hereby indicates the following additional delegates for the use of the Solution, as defined in the Agreement.

Name \_\_\_\_\_ Surname \_\_\_\_\_

Tax ID \_\_\_\_\_ E-mail \_\_\_\_\_

Mobile phone \_\_\_\_\_, as \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_

Tax ID \_\_\_\_\_ E-mail \_\_\_\_\_

Mobile phone \_\_\_\_\_, as \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_

Tax ID \_\_\_\_\_ E-mail \_\_\_\_\_

Mobile phone \_\_\_\_\_, as \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_

Tax ID \_\_\_\_\_ E-mail \_\_\_\_\_

Mobile phone \_\_\_\_\_, as \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_

Tax ID \_\_\_\_\_ E-mail \_\_\_\_\_

Mobile phone \_\_\_\_\_, as \_\_\_\_\_

\_\_\_\_\_

**The Contractor**

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For acknowledgment and acceptance  
**The Agency – Ali Agenzia per il Lavoro S.p.A.**

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