



Registration Form

PERSONAL DETAILS

Full name..... OM OF
 Address.....
 ZIP State/Province.....
 City name.....
 Country.....
 Phone..... Mobile.....
 Email.....
 Date of birth.....
 Trade register number.....
 Marital Status Single Married living together Divorced Widowed
 Children Yes No Number of Children.....

Do you have preference for a specific region.....
 Are you eager to move? Yes No
 Is your partner planning to join the business? Yes No

- Highest education Diploma Yes No
- Work experiences Periods

Please send this form to:

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