

APPLICATION FOR PARTICIPATION
AIPO SILVER 2023

(To be completed in **block capitals**, typewriters, or computers)

The undersigned (Surname and Forename)	

in the capacity of: (owner, legal representative, etc.) of the holding	

Zip Code _____	Town _____ Prov. _____ Nation _____
Address _____ nr. _____	
VAT No. _____	TAX Code _____
Telefon _____	Fax _____ E mail _____
Electronic invoice: _____	@ _____ SDI _____
Reference operator _____	tel. _____

REQUESTS

to be able to participate in the "20th International Olive Oil Competition AIPO D'ARGENTO-SILVER 2023" with the aforementioned samples (of which attached card):

SAMPLE NO. 1 - OIL NAME: _____
SAMPLE NO. 2 - OIL NAME: _____
SAMPLE NO. 3 - OIL NAME: _____
SAMPLE NO. 4 - OIL NAME: _____
SAMPLE NO. 5 - OIL NAME: _____
SAMPLE NO. 6 - OIL NAME: _____
SAMPLE NO. 7 - OIL NAME: _____
SAMPLE NO. 8 - OIL NAME: _____

TOTAL TO BE PAID:

N. _____ SAMPLES X € 130.00 (+IVA22%) = € _____ (UNTIL 13/02/2023)

N. _____ SAMPLES X € 100.00 (+IVA22%) = € _____ (FROM 14/02/2023 AND UNTIL 31/03/2023)

I, the undersigned, having taken note of the Rules of the Competition, declare to accept it in its entirety and specifically the final judgment of the Official Tasting Committee which will make known only the list of extra virgin olive oils awarded, and not that of the participating companies, and the score assigned to the individual samples.

It also asks to be able to send the data required by art. 6-point e) -company data sheet and extra virgin olive oil data sheet, of the regulation on computer program:

YES **NO**

This application is accompanied by € _____ as required by Art. 6 of the Regulation by:

- cash payment;** I require the invoice **YES** **NO**
 bank transfer Intesa San Paolo - Branch of Verona, Vicolo Ghiaia n.9
IBAN: IT35A0306918463100000003934 - SWIFT BIC BCITITMM - invoice followed

SIGNATURE OF LEGAL REPRESENTATIVE

Date _____

(Stamp and signature)

SPACE RESERVED FOR THE SECRETARIAT OF THE COMPETITION

Title withdrawn, for _____ issued Receipt Tax n. _____ on date _____

SAMPLE No. 1 - OIL NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED AND CONSULT THE TABLE FOR NO. BOTTLES TO BE SENT AND THE AMOUNT TO BE PAID)

- | | |
|--|--|
| <input type="checkbox"/> CATEGORY DOP/IGP | <input type="checkbox"/> CATEGORY BLEND |
| <input type="checkbox"/> ORGANIC CATEGORY | <input type="checkbox"/> CATEGORY EVOO TOP WINNERS |
| <input type="checkbox"/> CATEGORY MONOVARIETAL | <input type="checkbox"/> FLAVOURED CATEGORY |

SAMPLE No. 2 - OIL NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED AND CONSULT THE TABLE FOR NO. BOTTLES TO BE SENT AND THE AMOUNT TO BE PAID)

- | | |
|--|--|
| <input type="checkbox"/> CATEGORY DOP/IGP | <input type="checkbox"/> CATEGORY BLEND |
| <input type="checkbox"/> ORGANIC CATEGORY | <input type="checkbox"/> CATEGORY EVOO TOP WINNERS |
| <input type="checkbox"/> CATEGORY MONOVARIETAL | <input type="checkbox"/> FLAVOURED CATEGORY |

SAMPLE NO. 3 - OIL NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED AND CONSULT THE TABLE FOR NO. BOTTLES TO BE SENT AND THE AMOUNT TO BE PAID)

- | | |
|--|--|
| <input type="checkbox"/> CATEGORY DOP/IGP | <input type="checkbox"/> CATEGORY BLEND |
| <input type="checkbox"/> ORGANIC CATEGORY | <input type="checkbox"/> CATEGORY EVOO TOP WINNERS |
| <input type="checkbox"/> CATEGORY MONOVARIETAL | <input type="checkbox"/> FLAVOURED CATEGORY |

SAMPLE NO. 4 - OIL NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED AND CONSULT THE TABLE FOR NO. BOTTLES TO BE SENT AND THE AMOUNT TO BE PAID)

- | | |
|--|--|
| <input type="checkbox"/> CATEGORY DOP/IGP | <input type="checkbox"/> CATEGORY BLEND |
| <input type="checkbox"/> ORGANIC CATEGORY | <input type="checkbox"/> CATEGORY EVOO TOP WINNERS |
| <input type="checkbox"/> CATEGORY MONOVARIETAL | <input type="checkbox"/> FLAVOURED CATEGORY |

SAMPLE NO. 5 - OIL NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED AND CONSULT THE TABLE FOR NO. BOTTLES TO BE SENT AND THE AMOUNT TO BE PAID)

- | | |
|--|--|
| <input type="checkbox"/> CATEGORY DOP/IGP | <input type="checkbox"/> CATEGORY BLEND |
| <input type="checkbox"/> ORGANIC CATEGORY | <input type="checkbox"/> CATEGORY EVOO TOP WINNERS |
| <input type="checkbox"/> CATEGORY MONOVARIETAL | <input type="checkbox"/> FLAVOURED CATEGORY |

SAMPLE No. 6 - OIL NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED AND CONSULT THE TABLE FOR NO. BOTTLES TO BE SENT AND THE AMOUNT TO BE PAID)

- | | |
|--|--|
| <input type="checkbox"/> CATEGORY DOP/IGP | <input type="checkbox"/> CATEGORY BLEND |
| <input type="checkbox"/> ORGANIC CATEGORY | <input type="checkbox"/> CATEGORY EVOO TOP WINNERS |
| <input type="checkbox"/> CATEGORY MONOVARIETAL | <input type="checkbox"/> FLAVOURED CATEGORY |

SAMPLE NO. 7 - OIL NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED AND CONSULT THE TABLE FOR NO. BOTTLES TO BE SENT AND THE AMOUNT TO BE PAID)

- | | |
|--|--|
| <input type="checkbox"/> CATEGORY DOP/IGP | <input type="checkbox"/> CATEGORY BLEND |
| <input type="checkbox"/> ORGANIC CATEGORY | <input type="checkbox"/> CATEGORY EVOO TOP WINNERS |
| <input type="checkbox"/> CATEGORY MONOVARIETAL | <input type="checkbox"/> FLAVOURED CATEGORY |

SAMPLE No. 8 - OIL NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED AND CONSULT THE TABLE FOR NO. BOTTLES TO BE SENT AND THE AMOUNT TO BE PAID)

- | | |
|--|--|
| <input type="checkbox"/> CATEGORY DOP/IGP | <input type="checkbox"/> CATEGORY BLEND |
| <input type="checkbox"/> ORGANIC CATEGORY | <input type="checkbox"/> CATEGORY EVOO TOP WINNERS |
| <input type="checkbox"/> CATEGORY MONOVARIETAL | <input type="checkbox"/> FLAVOURED CATEGORY |