



## Affiliation Proposal

Registration  
Number

### Company Details

Company Name	
Trading Name	
Address	
City	
Country	
ZIP Code	
Website	
Tax ID	

### Billing Details

Address	
City	
Country	
ZIP Code	
Name	
Contact Tel.:	
Contact e-mail:	

### Mailing Details

Address	
City	
Country	
ZIP Code	
E-mail	

### Activity

Incorporation Date	
Number of employees	
Gross Annual Revenue	
Revenue by activity (please indicate the percentage of each type of activity in your gross annual revenue):	
Software	0.00% %
Services	0.00% %
Hardware	0.00% %
Others	0.00% %



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Profile	
Business Activity	<input type="checkbox"/> Distribution <input type="checkbox"/> Resale <input type="checkbox"/> Representation <input type="checkbox"/> Production and Development <input type="checkbox"/> Services
Platform	<input type="checkbox"/> Mainframe <input type="checkbox"/> PC <input type="checkbox"/> Mobile
Operation Sector	<input type="checkbox"/> Agroindustry <input type="checkbox"/> Trade & Commerce <input type="checkbox"/> Construction <input type="checkbox"/> B2C <input type="checkbox"/> Education <input type="checkbox"/> Energy <input type="checkbox"/> Finances <input type="checkbox"/> Government <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining <input type="checkbox"/> Services <input type="checkbox"/> Health <input type="checkbox"/> Telecommunication <input type="checkbox"/> Transport <input type="checkbox"/> Other

Contact	
<b>Legal Representative</b>	
Full Name	
Title	
Email	
Cellphone	
<b>Official Representative</b>	
Full Name	
Title	
Email	
Cellphone	
<b>Alternate Representative</b>	
Full Name	
Title	
Email	
Cellphone	

How did you find ABES?	
How did you find ABES	

	<h2>Affiliation Proposal</h2>	Registration Number
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Why do you want to become an affiliate?	
Comments	

<b>I DECLARE THAT THE INFORMATION PROVIDED REFLECTS THE TRUTH AND AGREE UPON THESE TERMS</b>	
Site and Date: _____	
_____ Full Name	_____ Signature

**INSTRUCTIONS:**

The complete and correct filling of the details is fundamental for the progress of the affiliation process.

When you finish the filling, check that the data is correct and generate a copy of the affiliation proposal signed by the company's Legal Representative, which should be sent to [filiacao@abes.org.br](mailto:filiacao@abes.org.br).

For further details, please contact: (55 11) 5094-3100.