APPLICATION QUESTIONNAIRE for MEMBER

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the company** |  |
| 2. | **Country of origin** |  |
| 3. | **Name of the service center** |  |
| 4. | **When the service center was established in Poland? (year)** |  |

|  |  |  |
| --- | --- | --- |
| 5. | **Please describe (in approx.500 characters) your center located in Poland – profile, how does the center's activity fit into the business services sector?** | |
|  | |
| 6. | **Head of Center** | |
| First and Last Name |  |
| Position |  |
| Email Address |  |
| Phone Number – mobile / office |  |
| 7. | **Contact Person (if different than above)** *– person to be contacted regarding membership fee note, database update, and other operational issues* | |
| First and Last Name |  |
| Position |  |
| Email Address |  |
| Phone Number – mobile / office |  |
| 8. | **How many people are currently employed in the service center?** | |
| ***For each location in Poland separately*** | ***Number of employees*** |
| Kraków |  |
| Warsaw |  |
| Wrocław |  |
| Tricity |  |
| Silesia |  |
| Łódź |  |
| Poznań |  |
| Szczecin |  |
| Other cities (please specify) ……… |  |
| 9. | **Development plans** – what are your employment plans for upcoming year in Poland |  |

|  |  |
| --- | --- |
| 10. **Please underline the current scope of services provided in your service center(s) in Poland** (both horizontal and vertical). | |
| * Finance & Accounting (F&A) * Procurement * HR (incl. Payroll) * Document Management * Marketing * Customer Operations * Legal * Knowledge Management * IT Services (please select) * Application Lifecycle Management (incl. software development), * IT User Support/Service Desk, * IT Infrastructure Management/ Support * Other IT Services | * Project Management Services * Business Transformation Services * Supply Chain Management * Research & Development * Financial Specific Services * Banking Specific Processes * Insurance Specific Processes * Capital Markets Specific Processes * Health Care Specific Processes * Public Sector Specific Processes |
| * Other horizontal or vertical services not mentioned above (please specify) |  |
| **11. Please describe the future scope of services provided in your service center(s) in Poland** (both horizontal and vertical). | |
|  | |
| **12. Invoicing details.** Details provided below will be used for issuing membership fee note. | |
| Company Legal Name |  |
| Full Company registered Address |  |
| NIP Number |  |
| Where and to whom the membership fee note should be sent?  (First and last name, Shipping address, Email address) |  |
| Do we need to put your PO number or any other information on the note? | YES/ NO |
| Do we need to fill out the Vendor form for your Company? | YES/ NO |
| **13. Do you agree to publish:**   * **your company logotype on ABSL web site, newsletter and in other promotional materials?** * **name of your company on the ABSL Members list in ABSL reports and publications?** | YES\*/ NO  *\*please attach your logotype* |

I/ We confirm that all information given in this questionnaire is true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_, date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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