

APPLICATION FORM

Fresh Market Award 2019

Company Name:

Address (street and number)

Post code:

City:

E-mail:

Telephone:

Fax:

APPLICANT:

Name:

Surname:

Position:

e-mail:

Telephone:

Product submitted for the FRESH MARKET AWARD – PRODUCT OF THE YEAR 2019

Name of the Product:

Date of launching the Product or date of implementing innovations in the Product:

Category in which the Product is submitted:

- Fruit and Vegetables
- Packaging
- Technologies

The Product is:

- Produced by your Company
- Distributed by your Company



The Product is:

New brand

An innovation of an existing brand

What does the innovation of the Product consist in?

(please fill in if the Product is an innovation)

Description of the Product (up to 1800 characters with spaces)

(the text should be descriptive, non-commercial)



Link to the Product's internet website:

Reasons why the Product merits the Fresh Market Award – Product of the Year:

I hereby confirm

that I am authorised to make a Declaration of Will regarding matters referred to in this Form. By signing this Form I hereby confirm that all information included is true and accurate. I also represent that I have read, understood and accepted the Regulations concerning the conditions of participation in the FRESH MARKET AWARD – PRODUCT OF THE YEAR 2019

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Company stamp

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signature, personal stamp

.....

date

Please send this Form together with photographs of the submitted Product.

