

APPLICATION FOR PARTICIPATION
AIPO SILVER 2026

(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 "23" nd. International Olive Oil Competition AIPO D'ARGENTO-SILVER 2026" with *the aforementioned samples (of which attached data):*

SAMPLE NR 1 - PRODUCT NAME: _____

SAMPLE NR 2 - PRODUCT NAME: _____

SAMPLE NR 3 - PRODUCT NAME: _____

SAMPLE NR 4 - PRODUCT NAME: _____

SAMPLE NR 5 - PRODUCT NAME: _____

SAMPLE NR 6 - PRODUCT NAME: _____

SAMPLE NR 7 - PRODUCT NAME: _____

SAMPLE NR 8 - PRODUCT NAME: _____

TOTAL AMOUNT TO BE TRANSFERRED:

- **€ 150,00/sample** VAT incl. for the first sample **€ 150 +**
- **€ 100,00/ sample** VAT incl. for the second sample N. _____ X € 100,00 = **€ _____**
€ _____

TOTAL AMOUNT TO BE PAID

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, table olives/ olive patè 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, Vicoletto 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Title withdrawn, for _____ issued Receipt Tax n. _____ on date _____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 - PRODUCT NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED)

<input type="checkbox"/> CATEGORY DOP/IGP	<input type="checkbox"/> CATEGORY BLEND	<input type="checkbox"/> CATEGORY TABLE OLIVES
<input type="checkbox"/> ORGANIC CATEGORY	<input type="checkbox"/> CATEGORY EVOO TOP WINNERS	<input type="checkbox"/> CATEGORY OLIVE PATE'
<input type="checkbox"/> CATEGORY MONOVARIETAL	<input type="checkbox"/> FLAVOURED CATEGORY	

SAMPLE No. 2 - PRODUCT NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED)

<input type="checkbox"/> CATEGORY DOP/IGP	<input type="checkbox"/> CATEGORY BLEND	<input type="checkbox"/> CATEGORY TABLE OLIVES
<input type="checkbox"/> ORGANIC CATEGORY	<input type="checkbox"/> CATEGORY EVOO TOP WINNERS	<input type="checkbox"/> CATEGORY OLIVE PATE'
<input type="checkbox"/> CATEGORY MONOVARIETAL	<input type="checkbox"/> FLAVOURED CATEGORY	

SAMPLE No. 3 – PRODUCT NAME _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED)

<input type="checkbox"/> CATEGORY DOP/IGP	<input type="checkbox"/> CATEGORY BLEND	<input type="checkbox"/> CATEGORY TABL E OLIVE
<input type="checkbox"/> ORGANIC CATEGORY	<input type="checkbox"/> CATEGORY EVOO TOP WINNERS	<input type="checkbox"/> CATEGORY OLIVE PATE'
<input type="checkbox"/> CATEGORY MONOVARIETAL	<input type="checkbox"/> FLAVOURED CATEGORY	

SAMPLE No. 4 - PRODUCT NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED)

<input type="checkbox"/> CATEGORY DOP/IGP	<input type="checkbox"/> CATEGORY BLEND	<input type="checkbox"/> CATEGORY TABL E OLIVE
<input type="checkbox"/> ORGANIC CATEGORY	<input type="checkbox"/> CATEGORY EVOO TOP WINNERS	<input type="checkbox"/> CATEGORY OLIVE PATE'
<input type="checkbox"/> CATEGORY MONOVARIETAL	<input type="checkbox"/> FLAVOURED CATEGORY	

SAMPLE No. 5 - PRODUCT NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED)

<input type="checkbox"/> CATEGORY DOP/IGP	<input type="checkbox"/> CATEGORY BLEND	<input type="checkbox"/> CATEGORY TABL E OLIVE
<input type="checkbox"/> ORGANIC CATEGORY	<input type="checkbox"/> CATEGORY EVOO TOP WINNERS	<input type="checkbox"/> CATEGORY OLIVE PATE'
<input type="checkbox"/> CATEGORY MONOVARIETAL	<input type="checkbox"/> FLAVOURED CATEGORY	

SAMPLE No. 6 - PRODUCT NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED)

<input type="checkbox"/> CATEGORY DOP/IGP	<input type="checkbox"/> CATEGORY BLEND	<input type="checkbox"/> CATEGORY TABL E OLIVE
<input type="checkbox"/> ORGANIC CATEGORY	<input type="checkbox"/> CATEGORY EVOO TOP WINNERS	<input type="checkbox"/> CATEGORY OLIVE PAT'E
<input type="checkbox"/> CATEGORY MONOVARIETAL	<input type="checkbox"/> FLAVOURED CATEGORY	

SAMPLE NO. 7 PRODUCT NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED)

<input type="checkbox"/> CATEGORY DOP/IGP	<input type="checkbox"/> CATEGORY BLEND	<input type="checkbox"/> CATEGORY TABL E OLIVE
<input type="checkbox"/> ORGANIC CATEGORY	<input type="checkbox"/> CATEGORY EVOO TOP WINNERS	<input type="checkbox"/> CATEGORY OLIVE PATE'
<input type="checkbox"/> CATEGORY MONOVARIETAL	<input type="checkbox"/> FLAVOURED CATEGORY	

SAMPLE No. 8 -PRODUCT NAME: _____

(INSERT X ON THE CATEGORIES WHERE PARTICIPATION IS INTENDED)

<input type="checkbox"/> CATEGORY DOP/IGP	<input type="checkbox"/> CATEGORY BLEND	<input type="checkbox"/> CATEGORY TABL E OLIVE
<input type="checkbox"/> ORGANIC CATEGORY	<input type="checkbox"/> CATEGORY EVOO TOP WINNERS	<input type="checkbox"/> CATEGORY OLIVE PATE'
<input type="checkbox"/> CATEGORY MONOVARIETAL	<input type="checkbox"/> FLAVOURED CATEGORY	