



Wine & Barrel
ALLIANCES-DU-MONDE
 INTERNATIONAL COMPETITION

NOVEMBER 21, 2025

ALLIANCES DU MONDE®
 1229 chemin du Roy de Croix
 71570 CHAINTRÉ – FRANCE

De France

Tél. 03 85 37 43 21

Fax 03 85 37 19 83

De l'étranger

Tél. 333 85 37 43 21

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www.alliances-du-monde.com
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Our n° of TVA
 FR74394372080

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 BPART-FRE-EN-AdM2025.1



**THANK YOU FOR
 INFORMING US OF
 YOUR PARTICIPATION**

REGISTRATION FORM • TO BE RETURNED

1 GENERAL INFORMATION

COMPANY: _____

NAME: _____

FIRST NAME: _____

ADDRESS: _____

ZIP CODE: _____ CITY: _____

COUNTRY: _____

PHONE: _____ FAX: _____

E-MAIL: _____

WEB SITE: _____

2 SAMPLES INFORMATION

I am submitting _____ wine sample(s)
Constitutes of 6 bottles of 750 ml each or 10 bottles of 500 or 375 ml (with front and back labels).

To facilitate our services, please verify that each sample is accompanied by the following items:

- **A technical sheet** dedicated to presentation including: development, area of growth, maturity of wine, density of plantation, grape harvest, wine making (barrel or tank), maturation of wine...
- **An analysis bulletin dated less than one year ago.** It must specify the lot number as well as the following results: actual and potential alcohol content, reducing sugar, pH, total acidity, volatile acidity, free SO₂, total SO₂ and pressure above atmospheric.
- **Authenticity declaration on the honour** of wines matured in oak barrels.
- **3 front and back labels** supplementary.

For each sample, please tick the items attached to the bottle package and those that will be sent separately:

Submitted wines :		Year	Lot number*
1	Denomination:		
	For this wine, I wish to receive a tasting notes report in:		<input type="checkbox"/> French <input type="checkbox"/> English
2	Denomination:		
	For this wine, I wish to receive a tasting notes report in:		<input type="checkbox"/> French <input type="checkbox"/> English
3	Denomination:		
	For this wine, I wish to receive a tasting notes report in:		<input type="checkbox"/> French <input type="checkbox"/> English
4	Denomination:		
	For this wine, I wish to receive a tasting notes report in:		<input type="checkbox"/> French <input type="checkbox"/> English
5	Denomination:		
	For this wine, I wish to receive a tasting notes report in:		<input type="checkbox"/> French <input type="checkbox"/> English

*Traceability number, vat number.



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E TRANSPORT

I entrust my samples to a forwarding company of my choice:

If I choose transport DHL or FedEx (for countries outside the EEC)

(see registration folder, p. 3), **Countries outside the EEC : Transit/custom fees DHL or FedEx**

60 € 5

I entrust the management of the transportation to SAQ Logistic (see SAQ Logistic shipment charge table on page 4 of the registration folder)

According to the enclosed price list:

Weight Category n° _____ and geographic zone n° _____ for an amount of: _____ € 1

4 REGISTRATION FEES

For each sample, I will pay the sum of: 180 € x _____ sample(s) = _____ € 2

Tasting notes In French: 50 € x _____ sample(s) = _____ € 3

report (optional): In English: 60 € x _____ sample(s) = _____ € 4

Carrier DHL or FedEx (for countries outside the EEC)

(see registration folder, p. 3), **Countries outside the EEC : Transit/custom fees DHL or FedEx**

60 € 5

6 PAYMENT

Payment made in total to: **Service Actions Qualité**

Before the **October 31, 2025**, the sum of:

1 + 2 + 3 + 4 + 5 _____ €

Payment will be made by:

Cheque (1)

Transfert to our account CRÉDIT AGRICOLE MÂCON N° 943 3326 1000 (2)

IBAN : FR76 1780 6000 8094 3332 6100 008 – BIC AGRIFRPP 878

Please attach a photocopy of the payment form.

Name of your bank: _____

Reference of your bank transfer: _____

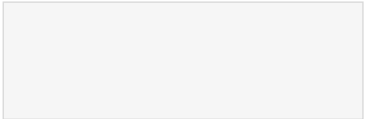
International Credit Card (Please fill in the following information)

MasterCard  Visa 

Name of Cardholder: _____

No. (16 figures): | | | | | | | | | | | | | | | |

Last 3 digits on the back of the card : | | |

Signature: 

Expiry Date: | | | |

Amount: _____ €

TVA number for European countries (VAT, IVA, NIF, UST): | | | | | | | | | | | | | | | |

(1) Cheque in euros must be from a French banking institution. (2) Transfer in euros (all costs payable by the drawer).

1 BILLING ADDRESS (IF DIFFER FROM PAGE 1)

COMPANY: _____

NAME: _____ FIRST NAME: _____

ADDRESS: _____

ZIP CODE: _____ CITY: _____ COUNTRY: _____

E-MAIL: _____