



Registration form – to be returned

1 • GENERAL INFORMATION

THANK YOU FOR INFORMING US OF YOUR PARTICIPATION BY E-MAIL

Muscats du Monde®
Maison des vignerons
du Château de Chaintré
71570 CHAINTRÉ
FRANCE

FROM FRANCE

Tel. 03 85 37 43 21
Fax 03 85 37 19 83

FROM ABROAD

Tel. 333 85 37 43 21
Fax 333 85 37 19 83

INTERNET

infos@muscats-du-monde.com
www.muscats-du-monde.com

Company
Name
First Name
Address
Zip code City
Country
Tel. Fax
E-mail
Web site : http://

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.
• 3 additional front and back labels.

For each sample, please informing us about the items attached to the bottle package and those that will be sent separately.

Table with 3 columns: Submitted wines, Year, Lot number*. Rows 1-5 for Denomination and report language (French/English).

*Traceability number, vat number.



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3 • TRANSPORT

- I entrust my samples to a forwarding company of my choice:
If I choose transport DHL or FedEx (for countries outside the EEC)
I entrust the management of the transportation to SAQ Logistic

4 • REGISTRATION FEES

- For each sample, I will pay the sum of: 180 € x sample(s) =
Tasting notes report (optional): In French: 50 € x sample(s) =
In English: 60 € x sample(s) =
Transporter DHL or FedEx (for countries outside the EEC)

5 • PAYMENT

Payment made in total to: SERVICE ACTIONS QUALITÉ
Before June 5, 2026, the sum of:
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)

Master Card, Visa

Name of Cardholder:

No. (16 figures):

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

Expiry Date: Amount: €

TVA No For European countries (VAT, IVA, NIF, UST):

6 • BILLING ADDRESS (IF DIFFER FROM PAGE 1)

Company Name First name
Address
Zip Code City Country
E-mail

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

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OUR N° OF TVA

FR74394372080