



To request products Banco dell'Igiene Onlus fill out this form and send it by fax to the number 02 463522. With the attached copy of the tax code and identity card.

NAME: _____

SURNAME: _____

ADDRESS COUNTRY: _____

PHONE NUMBER: _____

CITY': _____

MARITAL STATUS: _____

ZIP CODE: _____

COUNTRY: _____

JUSTIFICATION REQUEST PRODUCTS: _____

E-MAIL: _____

I take full civil and criminal liability of the data and statements included in the Form

I accept that Banco dell'Igiene Onlus decides irrevocably to refuse my request

Place and date

Sign
