



**DATA OF COMPANY / OPERATOR**


Name


Surname


Corporate Name

Address

Postcode City

Country/Area Telephone number 

Fax Mobile Phone 

E-mail address 

Web address

VAT Registration or Taxpayer's code number

**FISCAL ADDRESS (Heading Invoice)**

Name


Surname

Corporate Name

Address

Postcode City

Country/Area Telephone number 

Fax Mobile Phone 

E-mail address 

Web address

VAT Registration or Taxpayer's code number

ADESION TO THE CIRCUIT OF DAPHNE POINTS FORM # 93new/e

I choose to Join to Promotion Card:

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If Premium, with personalized logo, I choose following poket:

- 5 tests
- 10 tests + 1 free
- 20 tests + 3 free

I choose following type of BioTest:

- Full BioTest
- BioTest with generic naturopathic protocols
- BioTest without protocols and / or diets

I belong to one or more categories:

- |   |  |
|---|--|
| <input type="checkbox"/> 00 Agent                       | <input type="checkbox"/> 10 Masseurs                       |
| <input type="checkbox"/> 01 Chemist's shops             | <input type="checkbox"/> 11 Wellbeing centres              |
| <input type="checkbox"/> 02 Herbalist's shops           | <input type="checkbox"/> 12 Spas                           |
| <input type="checkbox"/> 03 Omeopata                    | <input type="checkbox"/> 13 Clinic                         |
| <input type="checkbox"/> 04 Acupuncturist               | <input type="checkbox"/> 14 Sport association              |
| <input type="checkbox"/> 05 Doctor                      | <input type="checkbox"/> 15 Polyvalent center              |
| <input type="checkbox"/> 06 Beautycians                 | <input type="checkbox"/> 16 Architect                      |
| <input type="checkbox"/> 07 Nutritionist                | <input type="checkbox"/> 17 Other                          |
| <input type="checkbox"/> 08 Naturopaths                 | <input type="checkbox"/> 18 Other p. sanitary professional |
| <input type="checkbox"/> 09 Other sanitary professional |  |

I hereby explicitly allow **DAPHNE LAB** to handle my private and confidential information in compliance with local relevant laws and requirements for informative and statistical purposes and for any other purpose provided for by law.

Place and date

Readable signature

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