

Request for register extract form

identification



Name: _____

Current Address: _____

Postal Code: _____

City: _____

Country: _____

E-mail address: * _____

Telephone (day time): _____

Space for signature:
.....

Name in block capitals: _____

Fill in the form and print out

Sign and attach a certified copy of a valid * identity document

Post everything to:
SensoDetect AB
Skiffervägen 12
224 78, Lund
SWEDEN

Mark the envelope: Dataprivacy

* Required information in order for us to be able to send extract to you.

Case Number:.....
Arrival date:.....
Arrival sign:.....

Identity verified: YES / NO
Identity verified by:.....
Identifier sign:.....

