

## АНКЕТА

Просьба заполнять печатными буквами

ID/Номер клиента	
Имя Фамилия	
Дата рождения	
Телефон	
Электронная почта	
Предпочитаемый язык общения	RU ENG Другой
Почтовый адрес	_____ _____
Хочу получать новости компании	е-майл SMS по почте
Хочу получить карту лояльности	В представительстве компании ( ) по почте

Дата \_\_\_\_\_

Подпись \_\_\_\_\_

(Больше информации на сайте [www.drnona.com](http://www.drnona.com))

Application №1

## APPLICATION FORM

Please fill in block letters

Customer ID	
Name Surname	
Date of birth	
Mobile phone number	
E-mail	
Preferred language of communication	RU ENG Other
Mail address	_____ _____
I want to receive information about actions and events by	e-mail SMS Mail
I want to receive customer card	Company representative of ( ) by Mail

I do certify the authenticity of the information stated and agree with the processing and further storage of my personal data in the customer registry held by «DN Marketing LLC», hereinafter referred to as the «Company». I do not mind that my personal data submitted to the customer registry will be used for the following purposes: to identify customers, informing on new products, special offers, and conditions changes of the loyalty program. The Company guarantees utilization of personal data delivered for the purposes mentioned above only. The Company reserves the right to cancel the customer profile and card of those who provided false information in the application form. The Company reserves the right to unilaterally change the conditions of the «Loyalty & Reward Club» program. I have read and accept the «Dr.Nona Loyalty & Reward Club» «Loyalty & Reward Club» program rules.

Date \_\_\_\_\_

Customer signature \_\_\_\_\_

(More information [www.drnona.com](http://www.drnona.com))