

Messrs.
Bolis S.p.A.
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Fax +39 035 618679

Subject: request for personalised PIN/i and free subscription to

Access to "e-bolis Plus"

Company: _____

Address: _____

Zip/Mail code: _____ City: _____

Country: _____

Phone: _____

Fax: _____

E-mail: _____

Please check the box correspondent to your request:

I require the personalised PIN/i and the access to "e-bolis Plus"

I require the cancellation of my access to "e-bolis Plus"

Date _____

Signature _____