We would like to point out that in order for the request for information to be processed smoothly and promptly, all the fields listed below must be completed in full.

**Information provided by the requesting party:**

Last Name click here to enter

First name: click here to enter

Phone: click here to enter

Mobile phone: click here to enter

E-mail: click here to enter

**Home address:**

Street: click here to enter

ZIP code: click here to enter

Country: click here to enter

**Correspondence/delivery address:**

Street: click here to enter

ZIP code: click here to enter

Country: click here to enter

Please enclose a copy of your passport or ID card with your request for information. Requests for information without passport or ID will not be processed.

Location, date: click here to enter

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the person requesting information

The data obtained by the request for information shall be sent by post to the person requesting information.

Annex:

Copy of passport/ID enclosed with the request for information

Please send the request for information with attachment to privacy@leitner.com