
Super interest registration form

General information

You **must submit** a **fully** and correctly completed registration form, duly signed by hand.

Surname	_____	First name	_____
Date of birth	_____	Place/country of birth	_____
Nationality (if more than one state all)			

Address			

Postcode/place of residence	_____	Country	_____
Phone	_____	Mobile	_____
Employer	_____	Occupation	_____
Joining date	_____	E-mail	_____

By signing this form, I expressly agree that Avadis may pass on my first name and surname to my employer's HR department for the purpose of regular checks on my eligibility to participate in the Super interest programme.

Place, date

Signature

Employer's confirmation

Place, date

First name surname / function

Signature
