

## **KEYS COPYING REQUEST FORM (TF001A)**

*I, the undersigned		
, and an area of the area of t		
(Fist	Name and Last Name)	
*living in		
•	Address)	
*City/Zip Code		
*Tax Code	*Phone #	
I hereby declare that I have bought on (Date of Component Purchase)	a Rizoma GAS CAP, article code TF:	
(Date of Component Purchase)	- <del></del>	(article code)
of which I enclose the payment receipt.		
As a result of the loss of key TF001A,		
require to receive a copy of it at the following Rizoma Dealer:		(*required data)
*Dealer Code		
*Company Name	*VAT CODE	
*located in		
	Store Address)	
*City/Zip Code	*State/Country	
*Phone #	-ax #	
Longlace a convict my ID		
I enclose a copy of my ID,	(number of the ID)	
Authorization to personal data handling		
I hereby authorize the use of my personal data to practices strictl	y requirea to perform the services reque	estea by me.
(date)	*(Signature)	

service.

Attention: in case of failure to authorize the processing of personal data, we will not be able to perform the copying