



THE PROGRAM FOR PRIVILEGED CLIENTS OF SIBERIAN HEALTH

taxpayer number
Number in register of legal entities

--	--	--	--	--	--	--



Mr. Ms./Mrs. Spouses

[illegible]

Personal information of a spouse:

[illegible]

Data of the Consultant/Privileged Client, who gave recommendation:

The individual number:

Last name:

First name:

Citizenship:

Contact number:

e-mail:

According to the Directive 95/46/EC of the European Parliament and of the Council I'm informed to be entitled to request updating or deleting my personal data, opposing against its further processing. To exercise this right you should apply to Siberian Health.

Signature (wife/husband): _____