

**NEW CUSTOMER REGISTRATION**
**Ziacom Medical SL**

Calle Búhos, 2  
28320 Pinto - Madrid - ESPAÑA  
Tfno.: +34 91 723 33 06  
[info@ziacom.com](mailto:info@ziacom.com) - [www.ziacom.com](http://www.ziacom.com)  
C.I.F.: B-84115195 | VAT No.: ESB-84115195

Nº:

The fields marked with an asterisk (\*) are obligatory.

**PLEASE, FILL OUT THIS PDF USING THE CORRESPONDING FIELDS. KEEP A COPY OF THE FILE AND SEND IT TO: [info@ziacom.com](mailto:info@ziacom.com)**

VAT No.*	
Name / Business name*	
Comercial name*	

<b>Dirección fiscal*</b>	
Full adress*	
Postcode - Town*	
Phone*	Mobile phone
Email*	
Contact person	
Working hours	

<b>Delivery address</b> (Only in case of being different from the fiscal one)	
Full adress	
2 <sup>nd</sup> line adress	
Phone	Mobile phone
Email	
Contact person	
Working hours	

<b>Form of payment*</b>	Advance payment transfer	SEPA supply debit	Bank cheque	COD
Observations	<sup>1</sup> Form of payment subject to prior authorisation by ZIACOM®			

<b>Partner laboratories</b>	No	Yes (See appendix in the following page)
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Data Protection. **RESPONSIBLE:** Ziacom Medical SL. **PURPOSE:** To carry out the activity of the contract legitimately signed by the parties or commercial/contractual relationship. **LEGITIMACY:** Execution of a contract or commercial/contractual relationship. **ASSIGNMENTS:** To Group companies and third parties, in order to facilitate the processing of the conditions and relations foreseen in the contract/ commercial/contractual relationship, and assignments in compliance with the regulations in force. **CONSERVATION:** During the term of the contract or commercial/contractual relationship, and during the legally established terms. **RIGHTS:** You may exercise your rights of access, rectification, portability and limitation at [juridico@ziacom.com](mailto:juridico@ziacom.com). More information on the privacy policy at [www.ziacom.com/en/privacy-policy](http://www.ziacom.com/en/privacy-policy).

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**PARTNER LABORATORIES**

<b>Laboratory name 1</b>			
Full address			
2 <sup>nd</sup> line address			
Phone		Mobile phone	
Email			
Contact person			
Working hours			

<b>Laboratory name 2</b>			
Full address			
2 <sup>nd</sup> line address			
Phone		Mobile phone	
Email			
Contact person			
Working hours			

<b>Laboratory name 3</b>			
Full address			
2 <sup>nd</sup> line address			
Phone		Mobile phone	
Email			
Contact person			
Working hours			

In order to comply with the General Data Protection Regulation (EU GDPR 2016/679), which came into force on May 25<sup>th</sup>, 2018 and Spanish Law 3/2018, on December 5<sup>th</sup> of Data Protection, Ziacom Medical SL requests consent for the sending of commercial communications.

We will also ask for your consent to send you information about news and offers of our products and services.

Ziacom Medical SL will use the information you provide in this form to stay in touch with you and to send you updates and promotions.

Please let us know what information you are interested in about us:

 Promotions and product news

 Training and events.

 Questionnaires of evaluation and satisfaction of our products.

You have the right to modify, cancel or delete your data by contacting us at [info@ziacom.com](mailto:info@ziacom.com). We will treat your information with respect.

The privacy policy is available on our website [www.ziacom.com](http://www.ziacom.com)

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