

## DECLARATION OF CONSENT

- By signing this declaration I agree that my personal data (such as surname, first name, academic title, and degree, and, where applicable, postal address, e-mail-address, telephone, and fax number) may be collected, processed, transferred, and used by GSI mbH and its independent branches for purposes of customer services and survey as well as for information on products and services.
- By signing this declaration I agree to GSI mbH und its independent branches to provide me with information on products and services by
  - Mail  E-Mail
- No information on products and services wanted.

*I note that my consent is voluntary and can be revoked informally by telephone or in writing (Email/Fax) at any time without giving any reasons.*

ORGANISATION \_\_\_\_\_

CONTACT \_\_\_\_\_

JOB TITLE \_\_\_\_\_

**ADDRESS (CORRECTION OF ADDRESS IF NECESSARY)**

STREET \_\_\_\_\_

PLACE/POSTCODE/COUNTRY \_\_\_\_\_

TELEFON/FAX \_\_\_\_\_

E-MAIL/INTERNET \_\_\_\_\_

Please send me information on following **PRODUCTS AND SERVICES** only:

TYPE OF TRADE		PROCESSES	
<input type="checkbox"/> Apparatus construction/Mechanical engineering and construction	<input type="checkbox"/> Automotive	<input type="checkbox"/> Welding	<input type="checkbox"/> Arc welding
<input type="checkbox"/> Mechanical engineering	<input type="checkbox"/> Rail vehicle engineering	<input type="checkbox"/> Resistance welding	<input type="checkbox"/> Friction welding
<input type="checkbox"/> Steel construction	<input type="checkbox"/> (German) Armed forces	<input type="checkbox"/> Brazing	<input type="checkbox"/> Adhesion
<input type="checkbox"/> Consulting engineers	<input type="checkbox"/> Authorities	<input type="checkbox"/> Thermal spraying	<input type="checkbox"/> Mechanical joining
		<input type="checkbox"/> Non-destructive testing	
JOB/FUNCTION		SIZE OF THE COMPANY	
<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Supervisor	<input type="checkbox"/> < 10 EE	<input type="checkbox"/> > 50 EE
<input type="checkbox"/> Professional		<input type="checkbox"/> > 200 EE	

Place, Date

Signature