

ABONLINE ACCESS QUESTIONNAIRE

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| Company name*: | | |
| Registered office address*: | | |
| Address for delivery (when different from the registered office address): | | |
| Tax number*: | | |
| Registration number: | | |
| Acting on behalf of the Company, as the person authorized to represent the Company, I hereby authorize the persons indicated below to perform the following functions and hold the following authorizations at ABOnline: | | |
| User - a person who has the right to use the ABOnline system and has access to its functionalities, including placing orders, under the terms of the ABOnline Regulations | 1 | name, surname, function |
| | | phone, email |
| | | |
| Approvals: | <p>Approvals:</p> <p>I declare that I undertake to immediately notify AB of the expiration of the authorizations granted in this ABOnline Access questionnaire.</p> <p>I confirm that the ABOnline Regulations together with its attachments (including the documents referred to in the ABOnline Regulations), (hereinafter: Regulations) have been provided to me before signing the ABOnline Access questionnaire.</p> <p>I confirm that I have been notified that the Regulations are available on https://www.abonline.pl/content/files/rodo/regulamin_v2_en.pdf and I have permanent and free of charge access to the Regulations in a form, which enables downloading, saving and printing thereof.</p> <p>I confirm that I have read the Regulations and that I accept the terms and conditions stated in the Regulations.</p> <p>I confirm that I agree with the Privacy Policy available on the website https://www.abonline.pl/content/files/rodo/polityka_pr_v2_en.pdf and to accept its conditions.</p> <p>I confirm that I have read the information on the processing of personal data available on the website</p> | |