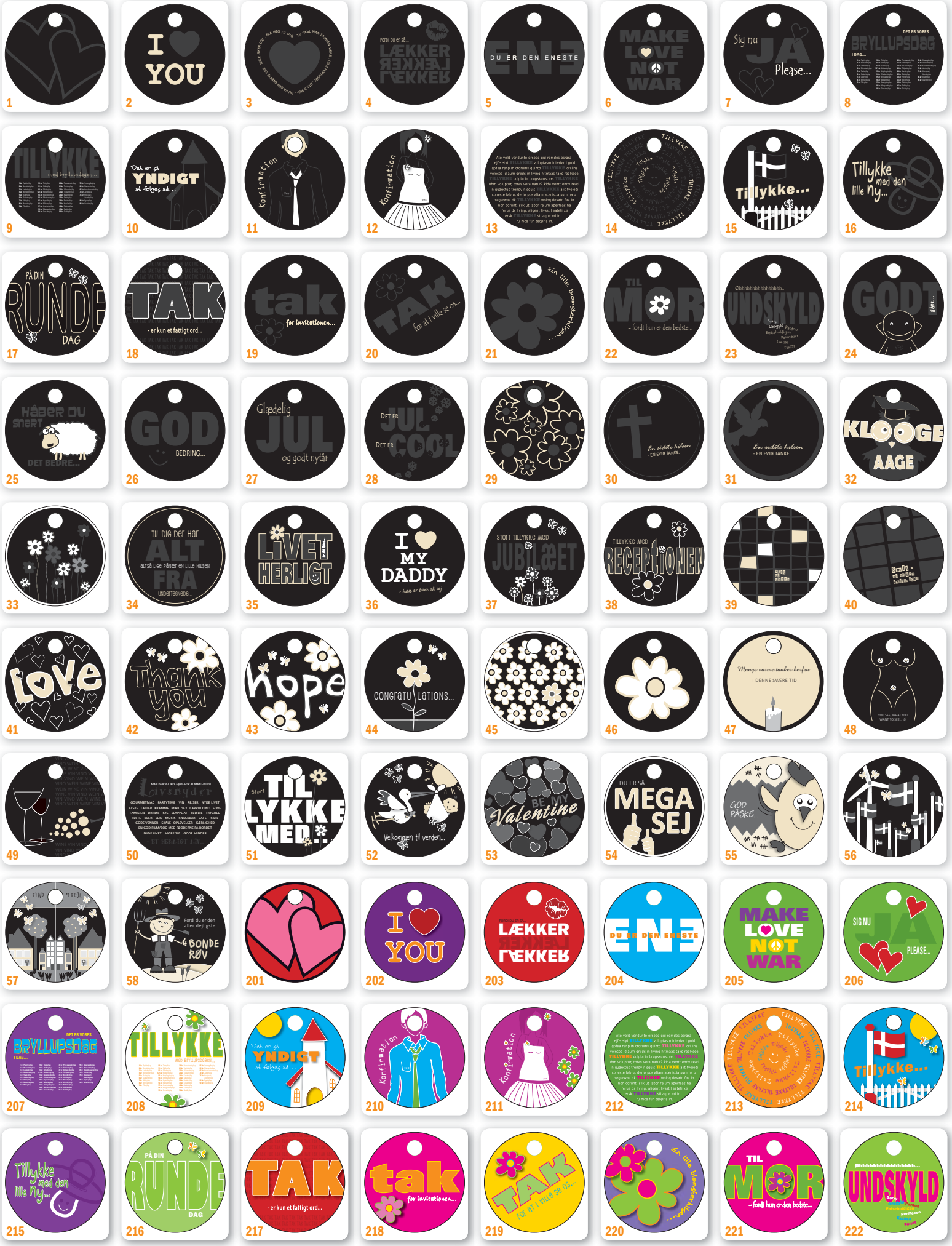

a2 LIVING

BUTIK: _____ KONT.PERSON: _____

BY: _____ POSTNR.: _____ TLF.: _____

a2 LIVING

MAIL ADR. CVR NR.:

ANTAL KORT: STATIV: JA ☐ NEJ ☐ BEST.-/LEV.DATO: