



PERSONAL DATA FORM TO JOIN THE SA-RETE NETWORK

Company Name	
Address	
Telephone no.	
Fax	
E- mail	
Website	
Certified Sa8000	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date and number of certification	
Business field	
Point of reference	
Other	

I wish to receive information concerning full participation in the Network
YES **NO**

By sending this form we authorize the treatment of our personal data in conformity to the Legislative Decree no.196/03 for the purposes of the project and the activities of the Sa.Rete Network.