

IMDS – ID.:

Please indicate your company IMDS – ID.

ID – Nr.: _____

Further information:

Company name and address:

Company name: _____

Street: _____

Postal / zip code: _____

City: _____

Persons currently responsible for the IMDS issue:

Name: _____

Telephone: _____

E-mail: _____

We assure that we will deliver according to the EC directives listed on page 1 with exception of the individual cases indicated in the attached list and that we will exempt LEONI Bordnetz – Systeme GmbH completely and for an indefinite period of time from any third-party claims that may result from the non-compliance with these directives.

Place/date

Company stamp

Signature Project Manager

Place/date

Company stamp

Signature General Management

