



REQUEST TO ADD STORES FOR AUDIT

(PLEASE RETURN BY POST USING ENCLOSED ENVELOPE OR BY FAX TO 045-530016)

Name: _____

Store: _____

Address: _____

Contact: _____

I wish to advise the CSNA that I would like you to include the following stores in the test purchase scheme on age- restricted products and that said authorise the CSNA to debit my account by €140.00 (ex vat) for each store named.

Store: _____

Address: _____

Contact: _____

News a/c no: _____

EM / Newsbros / Newsread / WNS

(Please circle relevant account)

Store: _____

Address: _____

Contact: _____

News a/c no: _____
EM / Newsbros / Newsread / WNS
(Please circle relevant account)

Store: _____

Address: _____

Contact: _____

News a/c no: _____
EM / Newsbros / Newsread / WNS
(Please circle relevant account)

Signed

Date

OFFICE USE ONLY

Date Received:
Checked by: