epPoints® transfer form

Please return the completed form by email to myeppendorf@eppendorf.de

☐   I hereby authorize Eppendorf AG to carry out the transfer of my epPoints account on my behalf.
(This request is only effectual if this box is ticked.)

Previous epPoints account data:
(For security reasons. On request the recipient will be informed about your name and your company)

E-mail	Street/No.
epPoints Password (to serve as security)	ZIP/City
Company/University/Hospital	Country
Institute/Department	Country Code/Phone/Fax
Title/Name/Surname	

Please transfer the epPoints to the following <u>existing</u> account:

E-mail	Street/No.
Company/University/Hospital	ZIP/City
Institute/Department	Country
Title/Name/Surname	Country Code/Phone/Fax

Kindly note that the previous account will be deactivated after the epPoints have been transferred.

Date/Signature