

epPoints[®] transfer form



Please return the completed form by fax to +49 40 538 01 257 or 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)**

epPoints Username

Street/No.

epPoints Password (to serve as security)

ZIP/City

Company/University/Hospital

Country

Institute/Department

Country Code/Phone/Fax

Title/Name/Surname

E-mail

Please transfer the epPoints to the following existing account:

epPoints Username

Street/No.

Company/University/Hospital

ZIP/City

Institute/Department

Country

Title/Name/Surname

Country Code/Phone/Fax

E-mail

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

Date/Signature