

## **Data Request Form for For Profit Organizations**

v. 01/04/2022

Please fill out this form and send a signed version to info@kankerregister.org. By submitting this form you agree on behalf of your organization with the terms and conditions of the BCR *Code for data requests of For Profit Organizations*.

## **Data Request information**

Description of the context of the question and the data with price setting BCR (either in ENG, FR, NL)		
711, 14 <i>L</i> )		

Contact person for questions on the data request				
Name				
E-mail				
Telephone				

## Signature for approval

By signing and submitting this Data Request Form you confirm that:

- this form has been filled out correct and truthfully;
- you are authorized to act on behalf of the entity and have checked that there is a budget available to make sure the BCR invoices can be paid.

Signature	Name:	
	Title:	
	Date:	

