# Skráningarform Dreifingaraðila

**(REGISTRATION FORM FOR DISTRIBUTORS)**

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| Tengiliður:(Contact person) | Netfang:(e-mail address) | Sími:(Telephone number) |
|       |       |       |
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| Umboð(Brand name) | Tengiliður:(Contact person) |
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|  | Undirskrift tilkynnanda(Signature) |  | Dagsetning(Date) |  |