

## **Registration form for private individuals**

□ Ms □ Mr		
Surname:		
First name:		
Street, No.:		
Postcode, Town:		
Email:		
Date of birth:		
Did you, or do you re	eceive invalidity insurance (IV	/) benefits in Switzerland?
☐ Yes, IV number _		□ No
Registration due to	):	
☐ Blindness	$\square$ Visual impairment	
<ul><li>Physical disability that prevents from</li></ul>	n holding or manipulating a b	(diagnosis) ook
Confirmation by a p	professional (or attach a n	medical certificate)
	erson is unable to read or hole s as may be required or desing ent or print disability.	
Place, Date	Professiona	al's stamp and signature
Your confirmation		
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Place, Date		Signature



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□ on CD	$\square$ on SD card	☐ Download
□ Braille books	☐ Uncontracted	☐ Contracted
☐ Large print boo	oks	
$\square$ E-books and a	udio books with te	<b>ct</b>
☐ Audio-describe	ed films	
☐ Braille sheet m	nusic	
□ Games		
☐ Magazines and	subscriptions (We	will be pleased to send you our list)
our entire catalogu	t <u>www.online.sbs.ch</u> e. Do you also wish t	will give you a current overview of to receive our new items catalogue at book catalogue spoken onto a CD)
$\square$ Yes, by post	$\square$ Yes, by email	☐ No thanks
<b>How do you wi</b> You can select seve	sh to select you eral options.	r books?
		nalf. Please notify us of your
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