
Date: _____

Name: _____

Identity number: _____

Address: _____

Postal code and area: _____

Contact person: _____ Telephone: _____

Test reports sent to the following e-mail address: _____

Invoices are requested to be sent electronically in XML form via e-invoicing:

Invoices are requested to be sent in pdf. form to the following email address:

Other information: _____

Invoices are only sent via e-invoicing and/or by e-mail and claims are created in an online bank, unless otherwise is requested. Please note that Sýni ehf. cannot be held responsible if data sent by e-mail reaches unauthorized persons in one way or another.

Signed on behalf of client: _____

Sýni's processing of all personal data is in accordance with the company's privacy policy, which can be found on Sýni's website: <https://syni.is/gaedamal-2-3/>. By signing this form, you agree, in accordance with article 9 in the Icelandic act no. 90/2018 on Data Protection and the Processing of Personal Data, that Sýni is allowed to process personal data about you that is necessary for the company to provide the requested service or, depending on the circumstances, about the employee(s) of the company that requests Sýni's services. The data in question is mainly contact information, i.e., name, social security number, address, e-mail address and phone number, which is needed in connection with the services provided and invoicing/billing. At any time, you may withdraw your consent by sending an email to syni@syni.is.