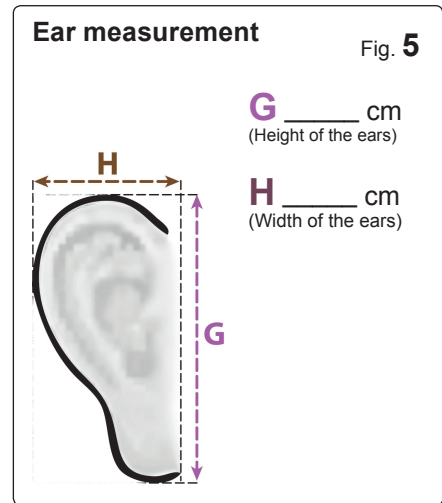
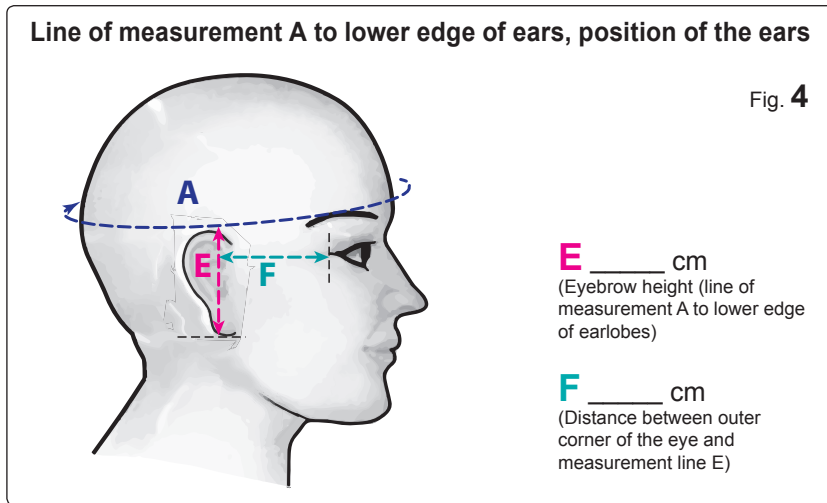
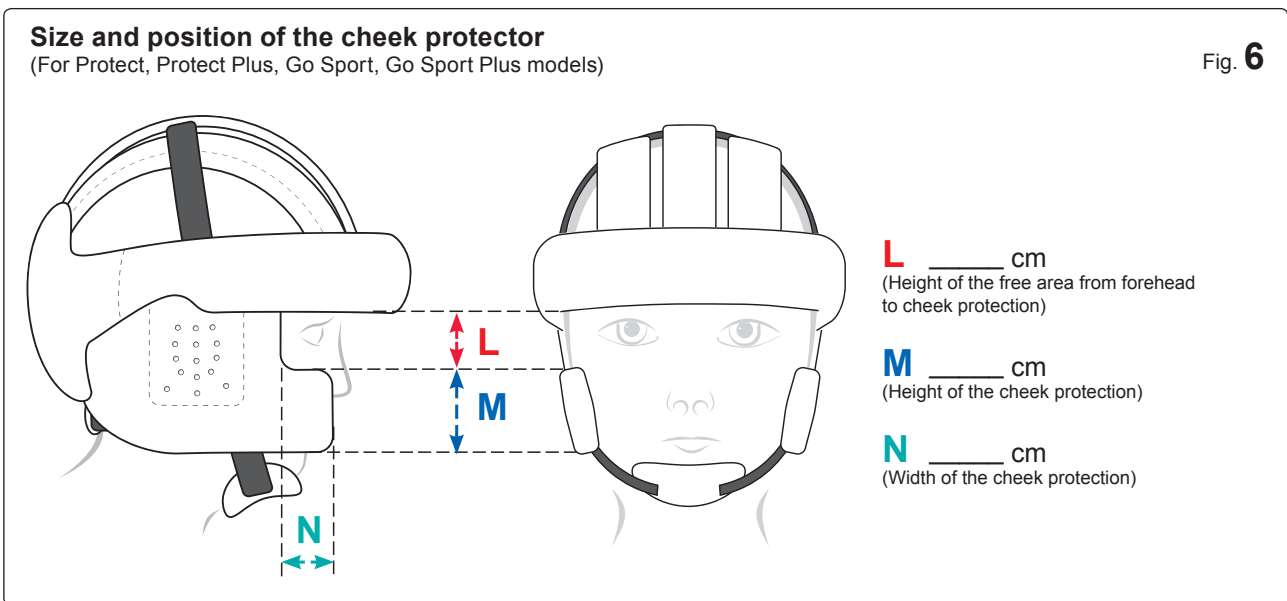




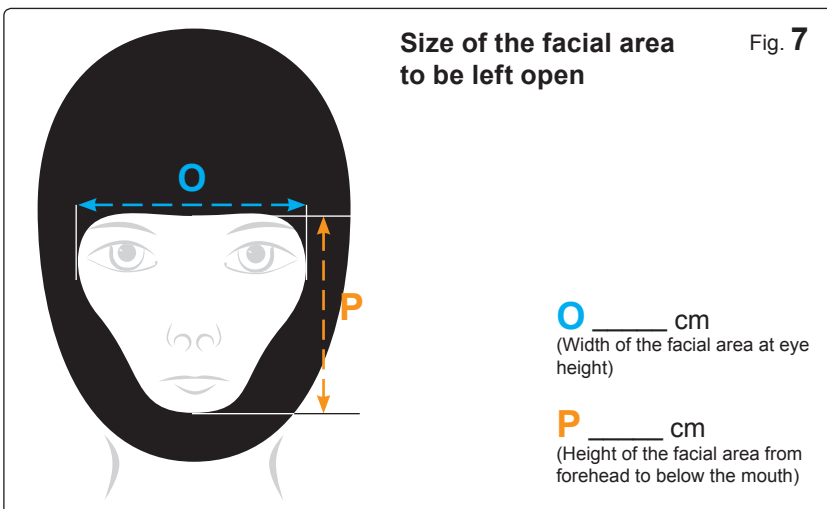
Further particulars, if Varia, Flex, Protect, Protect Plus, Go Sport or Go Sport Plus models are required.



To be completed if a cheek protector is required!



Additional measurements for supply of a full protection helmet



Address/Stamp or Customer number:

Name/Company .....

Address .....

.....

Phone .....

Customer number .....

Date/Signature .....