



PERSONAL DATA

First name: _____

Middle name: _____

Family name: _____

Date of birth: _____

Sex: _____

Home address (including postcode): _____

E-mail: _____

Home phone number: _____

Mobile number: _____

Bank account details – to include IBAN and BIC codes: _____

DOCUMENTATION FOR USE OF EQ PURE ARCTIC OIL

EQ customer number: _____

Order history: _____

Test-results (omega-6/omega-3 ratio) for various dates – with enclosed copies of the test-reports.

DOCUMENTATION FROM THE HOSPITAL/PHYSICIAN

- Description of actual disease.
- Previous history of diseases – including statements that the person has not been through previous CV-diseases as listed in our policy document, does not have hypertension, does not have diabetes mellitus, stroke, heart failure or thrombosis formation.
- Statement that the person does not use heart-medication or anticoagulant drugs.

Please send this claim to **support@eqology.com**, adding "ASSURANCE" as the heading.



It's in our nature