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| Form B 45 mm | | | |
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|  | Ihr Zeichen: |  |
| Ihre Nachricht vom: |  |
| Unser Zeichen: |  |
|  | Unsere Nachricht vom: |  |
|  |  |
| Name: |  |
| Telefon: |  |
| Telefax: |  |
| E-Mail: |  |
|  | Internet: |  |
|  |  |
| Datum: |  |

Betreff