

Update form of the Policyholder's Contact information

Policy No. _____

Policyholder

Name _____

NIP (Tax Identification Number) _____

The person authorised by the employer to handle the policy

! Fill in all the fields.

Select the type of change (only one type can be selected):

adding a new authorised person changing the authorised person changing the entitled person's data

Name and surname _____

PESEL (Personal Identification Number) _____ Date of birth _____ To be filled out only if the Policyholder does not have PESEL

Country of birth Poland other _____

Phone number _____

E-mail _____

We will also be sending settlement documents to this e-mail address. If we should send it to a different one, please provide it:

The specimen signature of the person authorised to handle the policy

The following section is filled out by the Policyholder (e.g. company owner, president, management board member, proxy, director)

(in accordance with the registration document: KRS [National Court Register], CEIDG [Central Registration and Information on Business] or power of attorney)

Declarations

I declare that the person mentioned above is authorised to sign solicitudes of accessing/opting out/updating information on behalf of the Policyholder.

YES NO

I declare that the person mentioned above is authorised to present declaration of will on behalf of the Policyholder in terms of:

withdrawal YES NO

dissolution YES NO

renewing YES NO

signing YES NO

The signature of a person authorised to represent the company

In case if the identity document of the company specifies the way of representation, such as two persons representation, please provide the signature of both authorised persons.

Date _____