

Information authorization for third Parties

For policy no.	
	1 st Policyholder <input type="checkbox"/> legal entity
Name/First name/Company	
Address/ZIP code/Country	
Date of birth/Incorporation date	
Telephone number	
E-mail <input type="checkbox"/> none	
Legal representative	
	2 nd Policyholder <input type="checkbox"/> legal entity
Name/First name/Company	
Address/ZIP code/Country	
Date of birth/Incorporation date	
Telephone number	
E-mail <input type="checkbox"/> none	
Legal representative	
The policyholder gives a limited power of attorney to gather information and to receive documents for the above mentioned policy to the following person(s). The present power of attorney is valid until revoked in writing.	
	<input type="checkbox"/> other person <input type="checkbox"/> legal entity
Name/First name/Company	
Address/ZIP code/Country	
E-mail <input type="checkbox"/> none	
Nationality	
Date of birth/Incorporation	
Place of birth/incorporation	
Sector/Employer/Position	
Relation to policyholder	
Gender	<input type="checkbox"/> male <input type="checkbox"/> female

Signature of the policyholder (handwritten signature required)

Place, Date

1st and 2nd Policyholder/Legal representative

Compulsory enclosures - Youplus reserves the right to request any additional document if needed:

Correspondence recipient:

- Natural person:** certified copy of the valid passport or identity card
- Company/Legal entity:** trade register (not older than 12 months), statutes (or equivalent document), authorized signatory list, certified copy of the valid passport or identity card for each person authorized to sign and corresponding W-8 or W-9 form