

Request for change of Correspondence Address

Please note that some information may not be sent to a different address for regulatory reasons. This means that such notifications must be sent directly to your home address, even if a different delivery address has been agreed.

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 authorizes the following person/legal entity to receive all correspondence	
	<input type="checkbox"/> 2 nd policyholder <input type="checkbox"/> Other person
Name/Company	
For the attention of	
Address	
ZIP code/Place	
E-mail	
If the new correspondence address is different from the policyholder address	
Reason	
Relation to the policyholder	

I hereby confirm the truthfulness of the information provided above and my willingness to delegate the receipt of the correspondence as indicated. It is my responsibility to inform the Company of any changes and/or updates to the information provided.



Signature of the policyholder (handwritten signature required)

Place, Date

1st and 2nd Policyholder/Legal representative