

Change of Address (of the Policyholder)

For policy no.	
	1 st Policyholder <input type="checkbox"/> legal entity
Name/First name/Company	
Former 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	
Former address ZIP code/Country	
Date of birth/Incorporation date	
Telephone number	
E-mail <input type="checkbox"/> none	
Legal representative	
New address	
	1 st Policyholder <input type="checkbox"/> legal entity
Name/First name/Company	
Address/ZIP code/Country	
	2 nd Policyholder <input type="checkbox"/> legal entity
Name/First name/Company	
Address/ZIP code/Country	
Type of address	
<input type="checkbox"/> primary residence <input type="checkbox"/> secondary residence <input type="checkbox"/> correspondence address	
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:

- If the policyholder is a natural person, **Utility Bill** as proof of residence, not older than 12 months (or 6 months for Irish policies) (e.g. gas, electricity or water bill, TV license et. al.) or proof of registration
- If the policyholder is a legal entity: **trade register** (not older than 12 months), statutes (or equivalent document)
- Form "**Self certification regarding tax status**" for each policyholder
- In case of Irish policy: "**Form Self declaration of non-Irish residence**"

*The same documents and information requested for the policyholder will be needed for the legal representative. Please complete page 1 accordingly.
