

Were you ever refused an insurance, or were restrictive conditions set??

no yes

By which Society? _____

When and for which reason? _____

Do you have facts to report about a possible crime in your past of yourself or your partner, that occurred within the last 8 year, or other facts that would be important for this insurance request?

no yes

which? _____

AUTHORIZATION FOR AUTOMATIC COLLECTION

The incasso is done by the VSSD. Signed requests be due year premium for the indicated insurance automatically finished to write of

Account number _____

Signature accountholder

for agreement annual collection _____

On the insurance Dutch law applies. The requested data can be taken up in a clients database, that is subject to privacy regulations. Complaints about the insurance policy can be send to the executive management of the insurance company and/or: Ombudsman Indemnity Insurance and/or Trustees on the Indemnity insurance business.

Address of these authorities is: Postbus 93560, 2509 AN Den Haag.

SIGNATURE

The policyholder declares to accept the application of the general conditions. On request, the general conditions will be sent.

I declare to have filled in all the questions accurately and according the truth.

Date _____ Place _____

Signature

Policyholder _____

vssd July 23, 2009

Send this form in an envelope to: VSSD, antwoordnr. 10229, 2600 WB Delft.
It can also be handed in at the VSSD-office: Leeghwaterstraat 42, 2628 CA Delft

