

PREVOCA BAR AFFILIATION FORM

GUARANTEED INCOME IN CASE OF INABILITY TO WORK

Name of the policyholder Bar

Last name + first name of the insured

Date of birth / /

Occupation

1. GENERAL DETAILS

ADMINISTRATIVE DETAILS

Private address: street Number Letterbox

Postal code: City

Place of birth:

Tel.: Fax

E-mail:

PERSONAL DETAILS

Gender Male Female

Nationality: Civil status

Bank account number:

Name of the account holder:

National register number:

(This number may be mentioned on the back of your ID)

OCCUPATIONAL DETAILS

Last name: First name

Company name: Legal form

Enterprise number:

Street: Number Letterbox

Postal code: City

Tel.: Fax

E-mail:

2. GUARANTEES

BASIC GUARANTEE

EXTENDED GUARANTEE

If yes, please indicate your choice

INABILITY TO WORK

Type of benefit	Daily allowance
Amount Option 1	<input type="checkbox"/> 25.00 EUR
Option 2	<input type="checkbox"/> 50.00 EUR
Option 3	<input type="checkbox"/> 75.00 EUR
Option 4	<input type="checkbox"/> 100.00 EUR
Carenz period	14 days

3. PAYMENT METHOD FOR THE EXTENDED GUARANTEE

Via annual direct debit.

The undersigned hereby authorises the company, i.e. the data controller, to process his personal details with a view to and within the scope of providing and managing insurance services in general, pursuant to the Act of December 8, 1992 on the protection of privacy in relation to the processing of personal details (the Privacy Act). This processing includes the communication or transmission of personal details, when necessary or recommended, to third-party service providers such as re-insurance companies. These may be located in countries belonging to the European Economic Area, but also in countries that do not necessarily provide an equivalent level of protection as Belgium.

At any given time, the undersigned may object to the processing of this personal details for direct marketing purposes by contacting the Company.

The undersigned has access to his personal details and may request the correction of incorrect details and the omission of details that are not allowed to be processed.

The undersigned may consult the public register for the automated processing of personal details with the Privacy Protection Commission.

Signature: Date:

Drawn up in on

Signature of the insured, mentioning "read and approved":

The present document is an insurance proposal that binds neither the insured nor the insurer. The coverage does not commence when signing the present document. If the insurer does not provide the insured policyholder with an insurance offer within thirty days of its receipt or made the insurance dependent upon a physical examination request or refused the insurance, he undertakes to sign the agreement on penalty of compensation. The undersigned declares that the details provided by him are complete and accurate and that he is aware of the fact that any incorrect or inaccurate information may result in the contract's nullification.