

Event Price**Amount paid for the event:**

_____,____ PLN advance (in words) _____

full payment (2nd instalment, in words) _____

Person 2

Name and surname _____ PESEL _____

_____/____
Town/City _____ Post code _____ Street _____ House number/flat number _____

Event Price**Amount paid for the event:**

_____,____ PLN advance (in words) _____

full payment (2nd instalment, in words) _____

Person 3

Name and surname _____ PESEL _____

_____/____
Town/City _____ Post code _____ Street _____ House number/flat number _____

Event Price**Amount paid for the event:**

_____,____ PLN advance (in words) _____

full payment (2nd instalment, in words) _____

Person 4

Name and surname _____ PESEL _____

_____/____
Town/City _____ Post code _____ Street _____ House number/flat number _____

Event Price**Amount paid for the event:**

_____,____ PLN advance (in words) _____

full payment (2nd instalment, in words) _____

Person 5

Name and surname _____ PESEL _____

_____/____
Town/City _____ Post code _____ Street _____ House number/flat number _____

Event Price**Amount paid for the event:**

_____,____ PLN advance (in words) _____

full payment (2nd instalment, in words) _____

Person 6

Name and surname _____ PESEL _____

_____/____
Town/City _____ Post code _____ Street _____ House number/flat number _____

Event Price**Amount paid for the event:**

_____,____ PLN advance (in words) _____

full payment (2nd instalment, in words) _____

11. Number of the Beneficiary's bank account to which indemnity should be paid _____

12. Name of the bank _____

13. Name and surname of the account holder _____

14. Have you made any claim for indemnity to any other entity? yes no

15. Have you received any indemnity from another source? yes no

I hereby confirm that the information given above is true and I am aware that certifying an untruth or giving false information may result in my being held criminally liable and may result in a refusal to pay indemnity.

Date _____ Signature of the Insured _____

Pursuant to the Personal Data Protection Act of 29 August 1997 (Journal of Laws No. 133, item 883, as amended), we inform you that the provision of personal data is voluntary. Your personal data will be stored and processed by AXA TUIR S.A. and Inter Partner Assistance Polska S.A., with its registered office in Warsaw 00-867, ul. Chłodna 51, for the purpose and within the scope of implementing the insurance contract. You are authorised to inspect and amend your personal data.