

INSURED PERSON

Last name, first name:

AVS N°:

E-mail: Telephone:

PARTNER

Last name, first name:

AVS N°:

Date of birth: Gender: male female

CONFIRMATION OF THE RELATIONSHIP

The person insured and their partner confirm by their signature the existence of a relationship commencing on
..... akin to a marriage or registered partnership.

Place, date: Signature of insured:

Place, date: Signature of partner: