

REQUEST FOR UNILATERAL TERMINATION / CANCELLATION

I, the undersigned, (Surname, name),
personal identification number, with domicile at (address)
....., telephone no., fax
no....., e-mail, representative of the company (corporate
name), single identification number
....., telephone no., fax no....., e-mail,
insured by the policy series, no., valid as of/...../....., until/...../....., issued
on the date of/...../....., by the insurance agency / agent / broker....., for which
I paid the insurance premium in the amount of RON / EUR , hereby request:

- unilateral termination of the insurance policy as of the date* (20 days calculated from the date when the request is received by the Insurer).
- the cancellation of the insurance policy (the reason)

****In accordance with art.2209 of the Civil Code, the unilateral termination of the insurance contract by one of the parties may be done only by complying with a notice period of at least 20 days calculated from the date when the other party receives the notification.***

Attention: For starting the process for filing the payment requests with respect to the reimbursement of the insurance premium for the period left up to the expiry of the policy, please see the site of the Policholders Guarantee Fund, namely: www.fgaromania.ro

BRIEFING ON PERSONAL DATA PROCESSING

Societatea de Asigurare – Reasigurare CITY INSURANCE S.A. informs you that in accordance with the legal provisions in force (the Regulation on Data Protection no. 679/ 2016), collects and processes personal data; the purposes of processing, the legal ground of processing, the duration of processing, the recipients of the personal data collected, the individual rights, the ways of exercising the rights are set out in the text of the Briefing Note.

I have understood that my personal data are absolutely necessary for settling this request. The refusal to provide them may block the insurance policy termination.

I have taken note of the information provided in the briefing note and in this form, have read and understood their content.

Date POLICYHOLDER (signature, stamp)

A company managed in two-tier system, with registered office at 93-95 Emanoil Porumbaru St., 1st district, Bucharest, ROMANIA;
Tel. 004- 021- 231.00.54/ 231.00.79/ 231.00.90 Fax: 231.04.42; <http://www.cityinsurance.ro>; e-mail: office@cityinsurance.ro;
CUI:10392742; Reg.Com.nr.J40/3150/1998; Subscribed and paid up share capital: 116,714,940 LEI;
Registration number in the Personal Data Processing Register: 4110; Code LEI: 315700QDZXPVQVWE0S19