

NOTE: Kindly send scanned copy of completed and duly signed form by email to the insurer, at **stornoEW@allianz-assistance.cz**



Termination of the insurance contract No. _____

First and Last Name of the Policyholder:

Contact Address:
.....

Contact telephone:

E-mail:

I hereby terminate my insurance contract by notice within two months from the inception of said contract.

Reason:
.....

I am asking for refund of unused insurance premium (*please tick as appropriate*):

bank transfer to the account No:
.....

by post money order to the address:
.....
.....

In case of bank transfer to other country than to the Czech Republic/Slovak Republic, please indicate:

IBAN: _ _ _ _ - _ _ _ - _ _ _ _ - _ _ _ - _ _ _ _ - _ _ _ _

SWIFT:

Date: Signature: