

Please send your payment in favour of **ASSURMIX** to the following address:

**ASSURMIX** Service Adhésion ASSURSKI **3 RUE DE LIEGE** 75009 PARIS - FRANCE

Sart - capital of 800 000¢ - RCS PARIS 533 141 677 ORIAS Registration N° 11 062 302 (www.orias.fr)

Customer Service : +33 9 69 39 32 75

## **SUBSCRIPTION FORM**

(For payment by check only)

1- Client information :
Last Name :
First Name :
Address:
Postal Code : City :
Country:
Date of Birth : Phone Number :
E-Mail:
Subscription N° :
2 - Period of Guaranty from to to
2- 1 criod of Guaranty from to
3 - Beneficiaries :
•
•
4 - Your option (*) :
Individual Card Option Day : 2.99 € (1 day) × Day(s) × Benef.(s) = €
Individual Card Option Week : 17.94 € (6 days) × Week(s) × Benef.(s) = €
T
Individual Card Option Year : 49.99 € (1 year) × 1 Year × Benef.(s) = €
Family Card Option Year : 105.60 € (1 year) × 1 Year × Family(ies) = € (Up to 5 persons)
*) The legal notice and general conditions of sales are available on www.assurmix.com/ski-insurance, you recognize beforehand to have acquaint
Contract subscribed with Bastion Insurance Company Limited, Floor 4 Development House, St Anne Street, Floriana FRN 9010, Malta. through the cabinet Assurming Companie governed by the code of the insurances and submitted to the control of the ACPR 4 Place de Budapest CS 92459 75436 Paris cedex 09 FRANCE.
Amount of your contribution :€
acquainted the extract of the Sales General Conditions, being worth legal notice and the list of contributions, leclare to accept them expressly, I certify to be informed that a false deliberate statement, an omission inaccuracy from me will lead to the nullity of the contract or the reduction of guarantees according to articles 1328 and L132 of the Code of the Insurances

.113-9 and L.113-9 of the Code of the Insurances (coording to article 32 of the law no 17-78 from 06/01/1978 said "Computing and Liberties", modified by the law "9 2004-801 from 06/08/2004, the personal information collected on the subscription form is compulsory. his information is necessary for the execution of the contract and is computerized by the insurer. Our have a right of access, rectification, opposition, disappearance and locking of this information by contacting he head office of Assurmix.

Signature : (preceded by the handwritten mention: "read and approved")