

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

ASSURMIX Service Adhésion ASSURSKI **8 RUE AUBER** 75009 PARIS - FRANCE

Sarl - capital of 50 000c - RCS PARIS 533 141 677 ORIAS Registration N° 11 062 302 (www.orias.fr)

Customer Service : +33182285593

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 fromto
3 - Beneficiaries :
3 - Delicitaties :
•
•
•
4 - Your option (*) :
Individual Card Option Day : 2.75 € (1 day) X Day(s) X Benef.(s) = €
Individual Card Option Week : 16.50 € (6 days) × Week(s) × Benef.(s) = €
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.assurski.fr, you recognize beforehand to have acquainted
Contract subscribed with ACASTA through the cabinet Assurmix. Companies governed by the code of the insurances and submitted to the control of the ACPR 61, Rue Taitbout 75436 Paris cedex 09.
Amount of your contribution :€
ll acquainted the extract of the Sales General Conditions. being worth legal notice and the list of contributions. declare to accept them expressly. Lecrtify to be informed that a false deliberate statement, an omission or inaccuracy from me will lead to the nullity of the contract or the reduction of guarantees according to articles 1128 and 1128 of the Center the leavement.

L1138 and L1139 of the Code of the Insurance of the Contract of the Code of the Insurance of the Code of the Code of the Insurance of the Code of the

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