

Declaration of change of Customer details

Previous Customer details:

Company name: _____

Tax ID No. (NIP) or Statistical ID No. (REGON): _____

Change of company name/Tax ID No. (NIP)/Statistical ID No. (REGON):

Company name: _____

Tax ID No. (NIP): _____

Statistical ID No. (REGON): _____

Change of company address:

Registered office address: _____

Address for correspondence: _____

Change of contact person/User of Client's Portal:

Acting as a person authorised to represent the Customer, I declare that on _____ there was a change of persons authorised to contact LMG Försäkrings AB Spółka Akcyjna Branch in Poland indicated in the agreement.

Deletion:

Name and surname, phone number and email address: _____

Addition:

Name and surname, phone number and email address: _____

Change of address for sending ION:

Note: the change will be introduced from the next settlement month after receipt of the declaration.

New email address for sending ION: _____

Date and signature*

*The document should be signed by a person authorised to represent the Customer.

LMG FÖRSÄKRINGS AB S.A.
ODDZIAŁ W POLSCE

GRUPA LUXMED 

luxmed.pl

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t: 22 450 45 00, 22 450 50 10

Sąd Rejonowy dla m.st. Warszawy w Warszawie
XIII Wydział Gospodarczy Krajowego Rejestru Sądowego
KRS: 0000395438

NIP: 108 001 14 94, REGON: 145156729
Wysokość kapitału zakładowego: 5 800 000,00 euro