



DECLARATION - COMMUNICATION FORM

Client – full title/ full name

Client's representative: full name (this field shall be completed in case of a client – legal entity)

Unified Identification Code (UIC)/BULSTAT/PIN (Personal Identification Number) / PFN (Personal Foreigner's Number)

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Registered Seat and Address of Management /Permanent address of the natural person

Town

Street

Correspondence address

Town

Street

Mobile

Phone

Main e-mail address inclusive of terms of providing eLeasing/eBroker products and services

E-mail address for correspondence with the insurance intermediary and receiving information about insurances

Means for receiving correspondence, information and documents:

*(Please, check **only one** of the enlisted means of communication)*

I would like to receive correspondence, information and documents by eLeasing/eBroker/ the Emails specified above and I refuse receiving hard copies of documents including insurance policies*

* The opportunity to refuse receiving hard copies of documents shall not cover the mandatory hard copy provided as required by the effective legislation.

I would like to receive hard copies of the following documents:

electronic insurance policies other than the mandatory Third party liability insurance

invoices and other documents related to the lease contract

and I agree to pay a fee in accordance to the Tariff of Fees and Commissions of UniCredit Leasing EAD for delivery of hard copies of documents.

Other services:

I would like reactivation of the access to eLeasing/eBroker products and services

I would like deactivation of the access to eLeasing/eBroker products and services

In case of any change in the information provided hereby I am assigned the obligation to timely inform the company by providing a new declaration. Otherwise I agree that information sent to me be deemed as duly received.

Place, date

Names of representative/natural person

Signature and stamp

Name and signature of employee accepting the hereby declaration: _____

Note: