

PAYMENT REQUEST
regarding the granting of the premium refund

The undersigned, residing in, str. no., bl. entrance, floor, apartment., county/district., legitimated with series. no., issued by. on., CNP Telephone number: E-mail.

(In case of legal entities/mandates)

Representative of
the company/Mr.(Mrs.), having the headquarters/residence in., str. no., bl. entrance, floor, apartment., county/district., CUI/CNP Telephone number: E-mail.,

Following the termination/cancellation of the Mandatory insurance contract/optional insurance contract series. no., concluded with the Insurance Company., with validity since. on.

., please approve the payment of insurance premium refund, amounting. lei.

• I request that the payment is performed:

in the bank account no., opened at the Bank., in the name of.;

through mail, at the address., str. no., bl. entrance, floor, apartment., county/district.

To the present document I am attaching:

- power of attorney/mandate, if applicable;
- copy of the identity card;
- copy of the insurance policy;
- copy of the proof of payment of the insurance premiums;
- proof of the termination of the insurance contract registered by/transmitted to the insurer;
- confirmation of company details issued by the trade register (in case of legal entities);
- other documents supporting the claim:

I hereby declare, in support of the justifying documents, being aware of the provisions of art. 326 of the Penal Code with regard to forgery, that all the information included in/documents attached to the request for granting the premium refund correspond to reality.

Furthermore, during the validity period of the insurance contract no. there were/there were no loss files approved.

Please note that there is no / there is a privilege or real guarantee in relation to the debt (special privileges, mortgages, pledges, rights of retention), namely.

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I hereby declare that I have / I have not concluded a contract for this type of insurance with another insurance company and I have / have not received the benefits/compensation corresponding to the object of the above mentioned contract.

I hereby declare that on the date on which the present payment request was submitted I have not followed/I have followed the insurer's bankruptcy procedure and I did not cash / I did cash from the list of creditors/from other recovery actions carried out against the insurer an amount of.

I hereby declare that I am unable to present the following supportive documents as copy, certified copy: because.

Date.

Signature/stamp.