

## Declaration on right of appeal

Name of the Applicant:	<input type="text"/>
policy no.:	<input type="text"/>
Application of:	<input type="text"/>

I herewith confirm that I have been advised objectively and in a comprehensible form to meet a well informed decision prior to application. The contract complies according to my wishes and requirements. Advisory documentation to this has been provided to me on paper, via email or on a permanent data carrier.

I renounce consultation prior to completion of insurance cover.  
I am aware that my renunciation may have detrimental effects on the opportunity, the insurer and/or insurance agent to claim damages due to a breach of duty in connection with consultation on the desired insurance cover.

Place/date

Signature of the applicant

**Please note: Should neither of the indicated declarations (please mark only one of the options with a cross) be submitted we will be unable to continue to process your application/proposal even if all particulars have been submitted which means that your insurance cover will not materialise. Please contact your personal service representative. For further consultation you are welcome to contact our Service-Telefon on 0711 6603-6603 (Monday to Friday from 8am to 8pm).**