

NOTE: Kindly send scanned copy of completed and duly signed form by email to the insurer, at **stornoEW@allianz-assistance.cz**



Request for Refund of Unused Insurance Premium

First and Last Name of the Policyholder:

Policy Number:

Contact Address:

.....

Contact telephone:

E-mail:

Reason for cancellation of the contract:

.....

I am asking for refund of unused insurance premium (*please tick as appropriate*):

- bank transfer to the account No:
.....
- by post money order to the address:
.....
.....

In case of bank transfer to other country than to the Czech Republic/Slovak Republic, please indicate:

IBAN: _ _ _ _ - _ _ _ - _ _ _ _ - _ _ _ - _ _ _ _

SWIFT:

Date: Signature: