

INSURING PARTY'S DECLARATION-STATEMENT
under a mandatory
Motor Third Party Liability Insurance or
Public Transport Passenger Accident Insurance

I, the undersigned, _____ Personal ID _____
[given and last name],

In my capacity as _____ of _____
[Manager, Executive Director, Proxy] [company, Company ID]

Insuring Party under policy _____, issued by _____
[№/date] [INSURER]

(„**Insurance**“), hereby state that:

- 1) I am aware that UBB - INSURANCE BROKER EAD is a controller of my personal data, which it will process in line with my request to conclude the above-mentioned insurance.
- 2) I have become familiar with the Privacy Notification (information about personal data processing) of UBB - INSURANCE BROKER EAD, published on its website prior to conclusion of the insurance policy and I wish to be provided with a copy of the Notification:
 - (a) on paper upon conclusion of the Insurance, thus acknowledging its receipt (Yes No);
 - (b) via e-mail _____, as an attached pdf file (Yes No).
- 3) I received the information under Art. 324 and Art. 325 of the Insurance Code concerning the Insurer and the Insurance Broker.

Date:

Signature: