



AGENCY TRANSFER FORM

This form is used to inform your insurer that you wish, AOC Insurance Broker to be the servicing agent for your International medical health insurance policy. There is no additional cost in changing your agent to AOC Insurance Broker, and the policy terms, conditions and cover remain unchanged.

COMPANY NAME:.....

LAST NAME:..... SURNAME:.....

INSURANCE COMPANY NAME:.....

PLAN & POLICY NUMBER:.....

ADDRESS:.....

POSTCODE:..... COUNTRY:..... CITY:.....

TELEPHONE:..... MOBILE:.....

EMAIL:..... SKYPE:.....

With regard to my policy, I confirm that with immediate effect I wish to appoint AOC Insurance Broker Head Office: 60 rue de Strasbourg - 92400 COURBEVOIE -FRANCE Liability and financial guarantee Argo-Llyods HYAIF16ADLARG-1391-Orias n°08 045 906 Website: www.aoc-insurancebroker.com - Email: contact@aoc-insurancebroker.com

This letter also serves to cancel all the previous appointment of any agent/broker.

As my exclusive appointed insurance broker, AOC Insurance Broker is allowed to extract information of the said insurance policy and manage any policy administration and claim for me. The authority of AOC Insurance Broker shall remain in full force until cancelling and writing.

DATE(DD/MM/YYYY):..... SIGNATURE:.....

Please send us the form by email to contact@aoc-insurancebroker.com with the following documents: Passport signed - Registration of commerce - Insurance certificate.

Once received, we will confirm receipt by email and or by phone for a first contact.