



# Mode of Payment Amendment Form

To: Allianz S.A.L.  
Hazmieh – Lebanon

I, the undersigned \_\_\_\_\_, owner of:

contract no.: \_\_\_\_\_ contract no.: \_\_\_\_\_ contract no.: \_\_\_\_\_

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ask you to change my mode of payment from \_\_\_\_\_ to become:

- Yearly
- Half Yearly
- Quarterly
- Monthly
- Cash payment / Check payment / Bank transfer
- Bank Account

Starting date : \_\_\_\_\_

**Kindly adopt this address below for all contact or correspondence:**

Company Name :	Building :	Floor :
Neighborhood :	Street :	City :
Country :	Postal Code :	Mob. No. :
E-mail :	P.O Box :	Phone No. :

In addition, I am totally willing to pay the premiums that result from the above mentioned request.

By signing this format, I hereby acknowledge having been provided with Allianz S.A.L.'s Privacy Notice (available at the company's website: [www.allianz.com.lb](http://www.allianz.com.lb)) and thus give my consent to Allianz S.A.L. to process my personal data for the purposes set out therein and to share my personal data with third party entities Allianz S.A.L. treats with.

I am entitled at all times to access and/or rectify and/or complete and/or update my personal information by reaching out to Allianz S.A.L.

I also agree and acknowledge that Allianz S.A.L. may periodically change, modify or otherwise revise the Privacy Notice without prior notification; my right of access, rectification and/or update of my personal data being respected at all times.

*The below data is mandatory to proceed with the request*

Mobile: \_\_\_\_\_ / \_\_\_\_\_ E-Mail: \_\_\_\_\_@\_\_\_\_\_

Date: \_\_\_\_\_

Signature :

**Beneficiary's approval if the contract is issued to cover a loan:**

Date: \_\_\_\_\_

Beneficiary Stamp and Signature :

*Signing this document does not bind the company to complete the endorsement to the existing insurance.*

