Change of address

Subscriber's contact details

I, the undersigned,

Surname*: .....
** Or attach a mutual insurance sticker*

First name*: .....

National ID number*: .....
(if unavailable, enter date of birth)

Street: .....

Number: ..... Box: ..... Postcode: .....

Town: .....

Country: .....

Telephone: .....

Email: .....

As the policyholder, I request:

(*) Tick the desired options.

☐ A change of address:

Address:

Street: .....

Number: ..... Box: ..... Postcode: .....

Town: .....

Country: .....

☐ The addition of a postal address:

Address:

Street: .....

Number: ..... Box: ..... Postcode: .....

Town: .....

Country: .....

This change is valid for:

Société Mutualiste d'Assurances Neutra

Rue de Joie 5 - 4000 Liège
Tel : 04.254.54.90

N° entreprise : 0472.020.311
Agréé par l'OCM : n°250/2

info@neutrassur.be
https://www.neutrahospi.be

Contract number	National Registry	Last name	First name

Done at ..... , on ..... **Signature**

Personal data processed by SMA Neutra is processed in accordance with the requirements of Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. If you have any questions about this regulation, please contact the SMA Data Protection Officer by telephone on 04.254.58.91, by email at protection_donnees@neutrassur.be or by post at Rue de Joie 5, 4000 Liège. SMA Neutra's Personal Data Protection Statement can be consulted on its website at https://www.neutrahospi.be/.