

# Change of Contract Owner

To: SNA S.A.L  
Hazmieh – Lebanon

I, the undersigned \_\_\_\_\_, hereby waive any right or demand that may arise from SNA S.A.L. in the present and in the future resulting from my ownership of the insurance contract \_\_\_\_\_ number \_\_\_\_\_ in favor of \_\_\_\_\_

Noting that the above is final, irrevocable and irreversible and that all the effects of my previous benefits are considered lapsed, null and void as of \_\_\_\_\_

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

I also agree and acknowledge that SNA 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: \_\_\_\_\_ @ \_\_\_\_\_

Policy Holder name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness name: \_\_\_\_\_

Signature: \_\_\_\_\_

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