

Amendment on Contract Request Form

To : SNA S.A.L.
Hazmieh – Lebanon

I, the undersigned _____, owner of contract no. _____
ask you to proceed with the below mentioned endorsement (s) as of _____

☐ Change the annual premium:

I kindly ask you to change the annual premium to become _____
instead of _____ as of the renewal date: _____

☐ Decrease the Sum Insured:

I kindly ask you to decrease the sum insured to become _____
instead of _____ as of: _____

☐ Other requests:

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 SNA S.A.L.'s Privacy Notice (available at the company's website: 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: _____ @ _____

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.

