

Mode of Payment Amendment Form

To: SNA S.A.L.
Hazmieh – Lebanon

I, the undersigned _____, owner of:

contract no.: contract no.: contract no.:

contract no.: contract no.: contract no.:

ask you to change my mode of payment from _____ to become:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Yearly | <input type="checkbox"/> Cash payment / Check payment / Bank transfer |
| <input type="checkbox"/> Half Yearly | <input type="checkbox"/> Bank Account |
| <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Monthly | |

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 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.