



Confirmation of Bank Account Holder Details
DECLARATION TO BE COMPLETED BY THE FINANCIAL INSTITUTION

Contract number:

This form must be sent to us directly by your financial institution using the following e-mail address: servicesEB@aginsurance.be

With this form, I hereby confirm that

Surname: First Name:

born on : / /

is the account holder of the following bank account which has been opened with our financial institution:

IBAN: BIC:

Name of financial institution:

Surname and first name of the undersigned:

Position:

Complete address of the financial institution:

Date: / /

Signature and stamp:

The personal data referred to in this document will be released to AG Insurance by the financial institution in accordance with the applicable privacy regulations as well as the financial institution's privacy notice. This data will be collected and processed by AG Insurance for the sole purpose of preventing and detecting fraud when settling the aforementioned contract, in the legitimate interest of AG Insurance and the data subject. For more information on AG Insurance's data collection and processing practices, see the company's privacy notice on www.aginsurance.be.