International Asisa Insurance Application

Type of Policy	Name of Broker
	Code of Broker

Shaded fields must be completed by the Company.

☐ New Policy	☐ Modification of Details Indicate the policy number and fill in only the details to be modified	☐ Cancellation of Policy	Start Date of the Policy (DD/MM/AAAA) / /

POLICYHOLDER

☐ Student ☐ Employee

N.I.F./N.I.E	Name and Surname(s)			Policy no.
Date of Birth (DD/MM/AAAA) / /	Gender ☐ Male ☐ Female	Marital Status	Nationality	Occupation

Address in Spain
(complete address)

Town/City	Province	Postcode	Telephone

Address abroad
(complete address)

Town/City	Country	Postcode	Telephone

Mobile Telephone	E-mail	Do you wish to be an Insured Person on the Policy? ☐ Yes ☐ No
Do you have other ASISA policies? ☐ Yes ☐ No	Which? ☐ Health ☐ Dental ☐ Life ☐ Others:	If you are with another health insurance company, can you tell us which?

How did you hear about us? ☐ Press ☐ Sales Representative ☐ Internet ☐ Friends or family ☐ Other:

INSURED PERSON 1 (if different from Policyholder)

☐ Student ☐ Employee

N.I.F./N.I.E	Name and Surname(s)			Policy no.
Date of Birth (DD/MM/AAAA) / /	Gender ☐ Male ☐ Female	Marital Status	Nationality	Occupation

Address in Spain
(complete address)

Town/City	Province	Postcode	Telephone

Address abroad
(complete address)

Town/City	Country	Postcode	Telephone

Mobile Telephone	E-mail	Relationship to Policy Holder (Husband/Wife/Son/Daughter)
Do you have other ASISA policies? ☐ Yes ☐ No	Which? ☐ Health ☐ Dental ☐ Life ☐ Others:	If you are with another health insurance company, can you tell us which?

INSURED PERSON 2

☐ Student ☐ Employee

N.I.F./N.I.E	Name and Surname(s)			Policy no.
Date of Birth (DD/MM/AAAA) / /	Gender ☐ Male ☐ Female	Marital Status	Nationality	Occupation

Address in Spain
(complete address)

Town/City	Province	Postcode	Telephone

Address abroad
(complete address)

Town/City	Country	Postcode	Telephone

Mobile Telephone	E-mail	Relationship to Policy Holder (Husband/Wife/Son/Daughter)
Do you have other ASISA policies? ☐ Yes ☐ No	Which? ☐ Health ☐ Dental ☐ Life ☐ Others:	If you are with another health insurance company, can you tell us which?

SEPA DIRECT DEBIT MANDATE

Bank account holder

IBAN:

Form of payment ☐ Monthly ☐ Every 2 months ☐ Quarterly ☐ Every 6 months ☐ Yearly

EPIGRAPH	BASIC INFORMATION ON DATA PROTECTION
Data controller	ASISA ASISTENCIA SANITARIA INTERPROVINCIAL, S.A.U.
Aim	– To process, manage, and provide services for your "Asisa International" insurance application.
Legitimacy	– The legal grounds for processing data are to execute the insurance contract between the policyholder and ASISA, in addition to ASISA's legitimate interest in responding to your requests.
Recipients of data transfers	– Companies that form part of the ASISA Group and collaborating entities. – Doctors, medical centres, hospitals, and other institutions or people identified as health service providers in ASISA's List of Specialists or on its website www.asisa.es, people, organisations, or institutions that demonstrate a legitimate interest.
Rights	You can exercise your rights to access, rectify, delete, restrict, oppose, or transfer your data, to not be the subject of automated individual decisions, and to withdraw your consent.
More information	For more information, please contact the Data Protection Officer (DPO) of the ASISA Group (DPO@grupoasisa.com) or read the additional and detailed information on Data Protection on the ASISA website: www.asisa.es

Policy Holder:

Signed and Dated:

/ /

The issue of the policy is conditional on the acceptance of this Application by the Company.