

Please explain the details below by specifying the disease group number above-marked according to the insuree candidates.

Name-Surname	No:	Disease	Date of Diagnosis	Method of Treatment	Date of Treatment	Examination	Actual Situation

DECLARATION AND COMMITMENT

I hereby accept, declare and undertake in advance following articles for me and my family members who I want to be insured in accordance with this Application Form which consisting 2 pages which I have filled completely by accepting the insurance conditions.

Assessment of the Application:

I accept, declare and undertake that Allianz Sigorta A.Ş. (Allianz) did not make a commitment upon the Form was filled by me; the information and documents forwarded by the Form, the policy scope and content will be assessed and its validity will be determined in frame of the Policy Special Conditions and if any, the Protocol, the Health Insurance General Conditions, the risk assessment principles of Allianz; it may do any transaction without the information and documents from companies which I had made insurance policies previously; in this scope, Allianz reserves its rights for changing the policy premiums, applying exception and/or extra disease premium or not accepting the application;

Full, Correct and Complete Information:

All information above-mentioned is full, correct and complete; there is no any information which I hesitate to share by considering as unimportant; I do not hide any situation which it must be known by Allianz; I know any diseases/disorders which are current on the signature date of the Form and/or previous diseases/disorders will not be included in the coverage and I accept it; in case there are questions which not marked on the Form, answer of this question will be considered as "no"; I know that in case there is any deficient and fault data on the Form and/or in the process of assessment of the application or before it, because of the diseases/disorders determined from information and documents from previous insurance company, Allianz have rights to not issue a policy on behalf of me, if a policy is issued, to not pay any indemnify or to give up the insurance under the Turkish Commercial Code, Policy Special and General Conditions; in case there is any deficient data on the Form and/or additional examination is requested by Allianz, after the requested documents arrive to Allianz and are assessed by it, it will be determined whether I will include in the policy;

Sharing of Information:

I authorize Allianz to provide and share data and documents by examining at R.T Prime Ministry Treasury Undersecretariat, Health Insurance Information and Observation Center (SBGM), Insurance Union of Turkey (Insurance Reinsurance and Pension Companies Union of Turkey), all health corporations and institutions in frame of relevant legal regulations including insurance legislation, relevant regulations, health legislation; therefore I will not claim against the company and private and public health institutions, physicians and other relevant corporations which share my health information and I will not make any legal and penal attempt against such corporations;

Communication Permits:

I agree that my personal information forwarded in scope of the contract/policy to be issued by and provided by Allianz Sigorta A.Ş. from relevant persons and corporations may be used in order to give general information, benefit from suitable products, improvement, advantage or campaigns in accordance with my requirements and to provide all kind of information to me and my personal information may be shared by Allianz Sigorta A.Ş. with Allianz Hayat ve Emeklilik A.Ş., Allianz Yaşam ve Emeklilik A.Ş. and their agencies and agencies and contracted business partners of Allianz Sigorta A.Ş. in accordance with it; visual and voice messages, presentation and marketing posts can be forwarded to me by Allianz Sigorta A.Ş., Allianz Hayat ve Emeklilik A.Ş. and Allianz Yaşam ve Emeklilik A.Ş. and their agencies directly or through MMS, telephone, fax, automatic calling machines, electronic mail and similar communication channels containing SMS, photo, animation, short message, multimedia objects; I know I have right to object to all data, voice, visual, etc. messages completely or according to products or channel when I want.

Right of Objection:

I accept, declare and undertake that I know that the policy with all Special and General Conditions will ensure about me if I do not object to Allianz within maximum 30 days as from the issued.

Declaration Holder's (*):

Name-Surname:

Date of Form Declaration):

Signature
(Declaration Holder)

(*): One of 18 age and above insuree candidates or under 18 age insuree candidate's parents)

Allianz Sigorta A.Ş.

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