

Application to EOLIS

Version 1.0

Online information service

How to

Fill out the form on the screen, save it, print and sign the form.
Hereafter email the form to contact.dk@allianz-trade.com.
Remember to sign the form.

Date

Your information

We, the policyholders, hereby apply to access EOLIS.

Policy no. (all) + type (e.g.: xxxxxxCAP)

Company name

Users

Please provide the names and email addresses of those who should have access to EOLIS

Name (Users)	Email address

EOLIS is to be used in compliance with the provisions of a separate Access Agreement for this service. The policyholder is obligated to read and accept the conditions of the Access Agreement upon when first logging on to EOLIS.

Signature

Place

Date

Name of policyholder

Authorised Signatory