

Registration of the beneficiary partner

Please read carefully all the contents of the form, complete it according to your current situation and return it to us duly signed with the documents that may be required.

Company : _____ Contract no : _____
Insured's first name and surname : _____ IOAT no : _____
Address : _____ Postcode and city : _____
Marital status : ☐ Single ☐ Married ☐ Widower ☐ Divorced
☐ Registered partnership ☐ Dissolved partnership

Partner's first name and surname : _____ IOAT n° : _____
Address : _____ Postcode and city : _____
Marital status : ☐ Single ☐ Married ☐ Widower ☐ Divorced
☐ Registered partnership ☐ Dissolved partnership

Date and place : _____ Insured's signature : _____

Partner's signature : _____

⇒ To be annexed :

- A copy of the ID card or of the passport for authentication of the signature
- Declaration of domicile

Patrimonia Foundation

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