


**APPLICATION N°:** \_\_\_\_\_

**POLICY N°:** \_\_\_\_\_

**DETAILS OF POLICY HOLDER**

SURNAME(S): \_\_\_\_\_  
 NAME: \_\_\_\_\_ N.I.F/PASSPORT N° \_\_\_\_\_  
 NATIONALITY: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_. TELEPHONE N°: (+34)\_\_\_\_\_. FAX: (+34)\_\_\_\_\_  
 MOBILE TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_  
 EFFECT DATE: \_\_\_\_\_

**DISTRIBUTION CHANNEL**

Colaborator (Agent): \_\_\_\_\_ Agent Code \_\_\_\_\_

**DETAILS OF THE INSURED**

N°	Name & Surname(s)	Relationship	Date Of Birth	Nationality	ID	Gender	Date Of Inscription

**HEATH INSURANCE PRODUCT YOU WISH TO CONTRACT**
 SALUS Esencial   
  SALUS Premium   
  SALUS Excellent   
  SALUS Dental   
  ROAD Traffic

Total Annual Premium: \_\_\_\_\_, \_\_\_\_ € Method Of Payment: \_\_\_\_\_

**BANK DEBIT ORDER**

The Undersigned authorizes EL PERPETUO SOCORRO SA DE SEGUROS, CIF A03007812, to indefinitely charge receipts from the bank account number specified the receipts originated as consequence of the contractual agreement between the insurer and insured according to the law 16/2009 of payment of services.

Iban	Bank Code	Bank Office	D.C.	Account Number

**INFORMATION FOR THE POLICY HOLDER**

The policy holder (applicant) of the insurance declares to have answered with truthfulness and exactness reference the questions in this application. The contracting of the policy is held to the rules of contraction of the entity in the moment of formalization. This document does not have contractual value. The conditions reflected of the same could suffer modifications in function of the health declarations of the applicants of the contraction of the insurance. The undersigned, in compliance with the established current rules reference the protection of data of personal character, expressly agrees and authorizes the insurer entity to proceed with the inclusion of the personal data given in an archive file, as well as subsequent treatment. The recipient and the responsible of the archive file is EL PERPETUO SOCORRO SA DE SEGUROS, with address in Avda. Maisonnave nº 31, Entreplanta 03003 Alicante, where the insured can exercise the rights of access, rectification, cancellation and opposition to the treatment of the same. In the same way, the insured expressly agrees that their personal data can be given to societies of the group or to other entities related with the policy, for the compliance of purposes directly related with the legitimate functions of assignor and assignee.

In \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_.

POLICY HOLDER OF INSURANCE

THE COLABORATOR (AGENT)