## Consultation record

(must be sent to ÖKK within 14 days of the consultation)

Location and date of consulta	ation:		
Customer data			
Last name and first name	Date of birth	Street, no.	Post code and place
Advisor(s)			
Company:			
First name, last name:			
Broker number:			
☐ The customer confirms the relationship (information of a lidentity and addressed in the conference of the contractual reas well as the name of the conference of the confer	at the broker has inforbligation in accordances of the broker; ed insurance cover conies these are; lationships of the brokes of these companitiable for any errors of es; and e processing of personal processing process	ormed them of the followince with the Insurance Somes from one or more ker with the insurance clies; r incorrect information in onal data (particularly the	ne objective, scope, data recipient,
Signatures			
Place and date:			
Signature(s) (of all adult cust	omers present at the	consultation):	
Signature(s) of advisor(s):			