Consultation record

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

Location and date of consultation:			
Customer data			
Last name and first name	Date of birth	Street, no.	Post code and place
Advisor(s)		<u> </u>	
Company:			
First name, last name:			
Broker number:			
broker number.			
☐ The customer confirms the relationship (information of a definition of a de	nat the broker has inforbiligation in accordances of the broker; ed insurance cover conies these are; lationships of the bromes of these companiliable for any errors of es; and the processing of personal services.	ormed them of the followince with the Insurance Somes from one or more oker with the insurance of ies; or incorrect information is 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):			