

REGISTRATION FOR EXPATRIAT INSURANCE

Information about the employer

Name of employer	VAT-number/ other identifying registration number
Secondment period	Email adress to employer
Employer contact person	Telephone number to contact person

Information about the insured

First name	Last name	
Personal ID	Telephone number	
Email adress	Citizenship	
Address during secondment	Country of residence during secondment	Position

Co-insured

First and last name	Personal ID

Earlier return

The insured and the co-insured have returned to Sweden on the _____ . Cancellation will therefore take place on the same day.
--

Information regarding use of personal data (Personuppgiftslagen, PuL):

According to the Swedish Personal Data Act (PuL), Gouda is liable for the use of you personal data. All personal data are used according to the Swedish Personal Data Act (PuL). You are entitled to information regarding what personal data Gouda are using. You may also ask for correction if any personal data are incorrect and refuse use for direct marketing.

Employer signature

Date and city
Signature
Printed name

Please send the form to:

Söderberg & Partners
Rådhusgatan 13
541 31 Skövde