



<input type="checkbox"/> New Insurance	
<input type="checkbox"/> Alteration	Policy
Branch	
Employee	
Intermediary	207074605 Banco Comercial Português S.A.



**INSURANCE POLICYHOLDER / INSURED**

Name:		
Address:		Post Code:
		City/Town:
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status:
Constitution Date:	CAE:	Occupation:
Identity Card:	Taxpayer Number:	Profession:
Telephone:	Mobile phone:	E-mail:
Capacity of the policyholder:	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Usufructuary	<input type="checkbox"/> Acquirer with reservation of ownership

**AUTHORISATION FOR SENDING DOCUMENTATION/INFORMATION BY E-MAIL AND/OR TELEPHONE**

Sending of documentation for contract management by e-mail	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sending of advertising by e-mail	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sending of documentation for contract management by mobile	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sending of advertising by mobile	<input type="checkbox"/> Yes <input type="checkbox"/> No

**USUAL DRIVER**

Name:		
Address:		Postal Code:
		City/Town:
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status:
ID/Citizen Card:	Taxpayer Number:	Profession:
Driving License Number:	Issue Date:	
E-mail:		

Insurance Policyholder/ Insured Person: \_\_\_\_\_

**GENERAL QUESTIONNAIRE**Has the proposed risk ever been or is totally or partially insured?  Yes  No

At which Company? \_\_\_\_\_ (attach pricing certificate)

Indicates the policy number: \_\_\_\_\_ Is any premium or other amount in debt?  
 Yes  No

Number of years with insurance: \_\_\_\_\_ Number of years without claims: \_\_\_\_\_

Number of claims in last 5 years: \_\_\_\_\_

Date of the last claim: \_\_\_\_\_

Has the insurance ever been refused/annulled on the initiative of the Company?  Yes  NoHas the vehicle already been submitted to periodic inspection?  Yes  No  
(attach copy of the inspection certificate)**MORTGAGE SAFEGUARDED IN FAVOUR OF**

Name:

Address:

Postal Code:

City/Town:

End Date of the Lease/Loan contract:

 Termination of Safeguarded Rights or Mortgage – Attach Statement of the Creditor Entity**SUSPENSION/RESTORATION OF CONTRACT EFFECTIVENESS** Suspension of the insurance up to 120 days – Due to vehicle sale and its presumable replacement during this period. If the period has expired without its replacement having been communicated, the policy shall be annulled, taking effect on the date of requested suspension. Restoration of contract effectiveness – Indicate license place of replacement vehicle: \_\_\_\_\_**INSURED VEHICLE**Type of Vehicle:  Light Passenger  Light Passenger and Cargo  Light Cargo  All-Purpose Vehicle  Truck  Articulated  Bus  Other (specify) \_\_\_\_\_

Frame Number:

1st Registration Date:

Colour:

License Plate:

Brand:

Model:

Fuel:

Version:

Engine Capacity (cc):

Gross Weight (Kg):

Tare (Kg):

Load (Kg):

Power (HP):

Number Places:

Number Doors:

Car Body:  Open  Closed

Inspection Certificate Valid until: \_\_\_\_\_

Tyla Code:

 Double CabinBodywork:  Limousine  Cabriolet  Cross-Country  Van  Pick-up  Cab Chassis  Minivan  
 Coupé  Combination Car  Other \_\_\_\_\_Use:  Private  Lease  Rental  Taxi  Letter "A"  Letter "T"  Other \_\_\_\_\_

Vehicle kept in a garage?

Vehicle with alarm:

Airbag:

ABS:

Annual Km:

 Yes  No Yes  No Yes  No Yes  No

\_\_\_\_\_

Transports Dangerous or Flammable Material?  No  Yes (specify): \_\_\_\_\_Circulates in Area of Restricted Access (e.g. Airports, Ports, Internal Plant Areas, etc)  No  Yes  
(specify): \_\_\_\_\_

Insurance Policyholder/ Insured Person: \_\_\_\_\_

Dangerous material are considered, namely, the following: explosive material, munitions, incendiary materials and fireworks, gases that are compressed, liquefied or dissolved under pressure, material which, in contact with water, releases flammable gases, material subject to spontaneous combustion, flammable solid material, materials that are combustion agents, poisonous, radioactive, corrosive and repugnant or able to produce infection.

### TRAILERS (compulsory inclusion in policies covering towing vehicles)

1) Brand:	Model and version:	License Plate:	Gross weight (Kg):
1st Registration Date:	Year of manufacture:	Load (kg):	
Use: <input type="checkbox"/> Private <input type="checkbox"/> Lease <input type="checkbox"/> Rental <input type="checkbox"/> Priv. Caravan <input type="checkbox"/> Other _____			
2) Brand:	Model and version:	License Plate:	Gross weight (Kg):
1st Registration Date:	Year of manufacture:	Load (kg):	
Use: <input type="checkbox"/> Private <input type="checkbox"/> Lease <input type="checkbox"/> Rental <input type="checkbox"/> Priv. Caravan <input type="checkbox"/> Other _____			

### COVERAGE, SUM INSURED AND DEDUCTIBLES

<input type="checkbox"/> Third party liability	Capital: <input type="checkbox"/> € 7.750.000 <input type="checkbox"/> € 50.000.000
<input type="checkbox"/> Permanent Auto Assistance (Km 0)	<input type="checkbox"/> Heavy
<input type="checkbox"/> Driver and Occupants	<input type="checkbox"/> Normal <input type="checkbox"/> Special Capital(4): <input type="checkbox"/> MIP € 10,000/DT € 1.000
<input type="checkbox"/> MIP € 15,000/ DT € 1,500	<input type="checkbox"/> MIP € 25,000/DT € 2,500
<input type="checkbox"/> Legal Protection	<input type="checkbox"/> Normal <input type="checkbox"/> Special
<input type="checkbox"/> Crash, Collision or Roll-Over	Deductibles: <input type="checkbox"/> 2% w/o Capital <input type="checkbox"/> 4% w/o Capital <input type="checkbox"/> 8% w/o Capital <input type="checkbox"/> 12% w/o Capital <input type="checkbox"/> 20% w/o Capital <input type="checkbox"/> No Deductible
<input type="checkbox"/> Fire, Lightning Strike, Explosion	Deductibles: <input type="checkbox"/> 2% w/o Capital <input type="checkbox"/> 4% w/o Capital <input type="checkbox"/> 8% w/o Capital <input type="checkbox"/> 12% w/o Capital <input type="checkbox"/> 20% w/o Capital <input type="checkbox"/> No Deductible
<input type="checkbox"/> Theft or Robbery	Deductibles: <input type="checkbox"/> 2% w/o Capital <input type="checkbox"/> 4% w/o Capital <input type="checkbox"/> 8% w/o Capital <input type="checkbox"/> 12% w/o Capital <input type="checkbox"/> 20% w/o Capital <input type="checkbox"/> No Deductible
<input type="checkbox"/> Social and Political Risks – Compulsory Deductible: 2% of Capital	Deductibles: <input type="checkbox"/> 2% w/o Capital <input type="checkbox"/> 4% w/o Capital <input type="checkbox"/> 8% w/o Capital <input type="checkbox"/> 12% w/o Capital <input type="checkbox"/> 20% w/o Capital <input type="checkbox"/> No Deductible
<input type="checkbox"/> Natural Phenomena	Deductibles: <input type="checkbox"/> 2% w/o Capital <input type="checkbox"/> 4% w/o Capital <input type="checkbox"/> 8% w/o Capital <input type="checkbox"/> 12% w/o Capital <input type="checkbox"/> 20% w/o Capital <input type="checkbox"/> No Deductible
<input type="checkbox"/> Replacement Vehicle (1)	
<input type="checkbox"/> Deprivation of Use (max. 20 days/year) (2)	Capital: <input type="checkbox"/> € 5 <input type="checkbox"/> € 10 <input type="checkbox"/> € 15
<input type="checkbox"/> € 20 <input type="checkbox"/> € 25 <input type="checkbox"/> € 30 <input type="checkbox"/> € 35 <input type="checkbox"/> € 40	
<input type="checkbox"/> Baggage and Personal items (3)	Capital: <input type="checkbox"/> € 500 <input type="checkbox"/> € 1.000
<input type="checkbox"/> Isolated Breakage of Glass	Capital: <input type="checkbox"/> € 750 <input type="checkbox"/> € 1.500 <input type="checkbox"/> € 1.750
<input type="checkbox"/> € 2.000 <input type="checkbox"/> € 2.250 <input type="checkbox"/> € 2.500	
(1) The Vehicle provided is always of the light passenger category (pursuant to the pricing categories in force at the Insurer)	
(2) Forbidden to use light passenger vehicles for sales purposes.	
(3) Kept in locked luggage compartment and not visible from outside. Deductible of 20% of claim value with minimum of € 50.	
(4) MIP - Death or Permanent Disability: DT – Treatment Expenses	

### TERRITORIAL EXTENSION

Destination:	
<input type="checkbox"/> Spain	<input type="checkbox"/> Other Countries _____
<input type="checkbox"/> EU and Multilateral Guarantee Agreement	
Subscribers	

Insurance Policyholder/ Insured Person: \_\_\_\_\_

**GARAGE OWNER INSURANCE AND CAR DRIVER INSURANCE (pursuant to the contractual Conditions)** Garage Owner Insurance     Includes presumable buyer     Car Driver Insurance Light up to 2,500 Kg     Light up to 3,500 Kg     HeavyThird party liability     € 7.290.000     € 50,000,000

Note: mandatory to complete the data of the usual driver. Attach the confirming documentation on performance of activity and statement that the usual driver is a permanent worker.

**OWN DAMAGE**

Vehicle value as new (1st registration date)    €    Present vehicle value (on the date of Insurance subscription)    €

1) Trailer value as new (1st registration date)    €    Present vehicle value (on the date of Insurance subscription)    €

2) Trailer value as new (1st registration date)    €    Present vehicle value (on the date of Insurance subscription)    €

Extras (specify):    Value as new of the Extra(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_    €  
€  
€**OCCUPANTS OF VEHICLES - Beneficiaries**

Of the Insured Person:

Name:    Taxpayer Number:

Name:    Taxpayer Number:

Name:    Taxpayer Number:

Of the other occupants    Legitimate heir(s) of the injured person(s)

**Annexes to be attached to the Proposal for new insurance or change of vehicle** Photocopy of Ownership Registration / Purchase and Sale Document / Statement of Usufruct (recognised by a notary in the case of usufructuary proposer) Duplicate of the Provisional Certificate (if already submitted)     Photocopy of Carnet Pricing Certificate (if involving a transfer)     Photocopy of the Compulsory Periodic Inspection Form (where applicable)**START DATE, TYPE OF CONTRACT AND PAYMENT OF PREMIUMS**Start Date:    End Date:  
(Under the legal terms, upon acceptance of the present proposal, the risk coverage shall only occur with the payment of the premium or instalment due.)Type of Contract:     Year and Following     Temporary Monthly     Quarterly     Six-monthly     AnnualPremium Payment     Single (Temporary Insurance)

Frequency:    The cost of the policy of €5.35 and Green Card of €1,25 is added to the first premium receipt (these values already include legal charges)

**AUTHORISATION TO THE PREMIUM PAYMENT (DIRECT DEBIT/TRANSFER)**

Account Holder:

I authorise the Bank to pay Ageas Portugal - Companhia de Seguros S.A. the premium of the Insurance contracted through the current Proposal and at the agreed periodicity, by direct debit under the terms of the

Insurance Policyholder/ Insured Person: \_\_\_\_\_

authorization or, if the payment of the initial premium or the first instalment is not compatible with this payment service due to the insurance start date and the Bank mentioned below is simultaneously the intermediary of the current insurance, by credit transfer to the account of Ageas Portugal - Companhia de Seguros S.A. with IBAN PT5000330000000070606405, by debiting my account below mentioned.

Bank \_\_\_\_\_

Account Number – IBAN

BIC SWIFT

Type of payment: Recurring payment or One-off payment

By undersigning this authorization you are authorising (i) Ageas Portugal - Companhia de Seguros S.A. to send instructions to your Bank to debit your account, and (ii) your Bank to debit your account, pursuant to the instructions of Ageas Portugal - Companhia de Seguros S.A.

Your rights, relative to the authorisation referred to above, are explained in a statement that can be obtained from your Bank and include the possibility of requesting your Bank to reimburse the debited amounts, under the terms and conditions agreed with your Bank. The reimbursement should be requested within a period of eight weeks, counted from the debit date in your account. However, please note that the fact that your Bank complies with your request for reimbursement does not extinguish the obligation to pay the premium in question, nor any liabilities derived from the consequent breach of the Insurance contract.

The payment of any amounts derived from the present insurance contract should be made by credit in the same account, unless you are explicitly instructed otherwise.

Subscription in joint or mixed accounts requires the explicit agreement of the co-holders to the terms of the subscription, hence the present payment instruction must be signed in accordance with the conditions for movement of the current account

Place and Date: \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_

Signature of the Account Holder: \_\_\_\_\_  
\_\_\_\_\_

(In conformity with the Signature Form or Identification Document and pursuant to the conditions for movement of the current account)

## STATEMENTS, CONSENTS, DATE AND SIGNATURES

**For the purposes of the conclusion of the present insurance contract(s), the Proposer/Insurance Policyholder and the Insured Person(s) declare that:**

Insurance Policyholder/ Insured Person: \_\_\_\_\_

## STATEMENTS, CONSENTS, DATE AND SIGNATURES

1. We have been informed of the conditions of the insurance contract and all the necessary and legally required clarifications have been provided and declare having received for this effect the annex to this proposal: Document of information about the insurance product and the General and Special Conditions.
2. If applicable, the current contract can be granted with the electronic signature, under the terms of the accession convention for the electronic signature that is previously registered.
3. The risk that is intended to be insured against was not covered, totally or partially, by any contract relative to which there is a premium, instalment of a premium or other amount in debt.
4. Any omissions, inaccuracies or falsities, whether regarding the data provided on a compulsory or optional basis, are the responsibility of the Insurance Policyholder and/or Insured Persons.
5. I(we) also authorise the Insurer to collect personal data relative to health from medical advisory boards or other health professionals and public or private bodies such as hospitals, clinics, offices, health centres, institutes of legal medicine, even after death, with a view to confirming or supplementing the information provided herein or after subscription of the present insurance, for the purposes of assessment of the risk of subscription of the insurance or management of the subsequent contractual relationship, namely for the effect of determining the origin, cause and evolution of any illness or accident that may give rise to death or disability, and which are essential for this authorisation to enable conclusion of the present insurance contract.

### **The Proposer/Insurance Policyholder is also aware that:**

6. Under legal terms, accepting the current proposal, the risk coverage shall be confirmed only with the respective premium payment or instalment.
7. Banco Comercial Português, S.A. (Millennium bcp) acts on behalf and on account of the Insurer and its intervention involves the provision of assistance throughout the duration of the insurance contract. There will not be any involvement of other insurance intermediaries in the insurance contract. Millennium bcp holds an indirect stake of more than 10% in the share capital of the entities Ocidental – Companhia Portuguesa de Seguros de Vida, S.A. and Ageas – Sociedade Gestora de Fundos de Pensões, S.A. In turn, Fosun International Holdings Limited, which holds an indirect stake in the share capital of Millennium bcp of more than 10%, indirectly holds qualifying stakes in various insurance companies of the Fidelidade Group, including Fidelidade – Companhia de Seguros, S.A., Companhia Portuguesa de Resseguros, S.A. and Multicare – Seguros de Saúde, S.A. Nevertheless, Millennium bcp does not sell insurance products of the Fidelidade Group's insurance companies. Millennium bcp provides advice. The information provided by Insurance Policyholders relative to their requirements and needs are specified in the insurance proposal and/or in the application proposal, as well as any additional simulations and questionnaires, and guide the advice provided, which is only based on the analysis of the insurance contracts of distributors with which the intermediary has close relations. Millennium bcp, as an insurance intermediary, is contractually bound to conduct its insurance distribution activity exclusively for the following insurers: Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Ageas Portugal - Companhia de Seguros S.A. and Médis - Companhia Portuguesa de Seguros de Saúde, S.A. As well as for Ageas – Sociedade Gestora de Fundos de Pensões S.A. Notwithstanding this, in certain cases, under the contractually established terms, Millennium bcp can carry out insurance distribution activity for other Insurers. The Intermediary is not remunerated directly by the Insurance Policyholder for the distribution activity. The Intermediary will receive a management fee from the Insurer, as remuneration in relation to the insurance contract, without prejudice to the Insurer being able to attribute benefits, that may or may not be of economic nature, to the persons directly involved in the insurance distribution activity, which shall not be granted according to a given insurance contract. The Insurance Policyholder has the right to request information about the Intermediary's remuneration for providing the distribution service; therefore, whenever requested, you will be given this information.

Insurance Policyholder/ Insured Person: \_\_\_\_\_

8. Complaints arising from the contract can be submitted in writing to the complaint's management department of the Non-Life Claims Insurer (namely through the email: [reclamacoes@ocidental.pt](mailto:reclamacoes@ocidental.pt)), in the Complaints Book, to the Customer Ombudsman by email - [provedor.ocidental@mm-advogados.com](mailto:provedor.ocidental@mm-advogados.com) - and to the Insurance and Pension Fund Supervisory Authority at [www.asf.com.pt](http://www.asf.com.pt). In the events of disputes, the parties can also appeal to the Alternative Dispute Settlement Entity: CIMPAS – Insurance Information, Mediation and Arbitration of Insurance Centre - [www.cimpas.pt](http://www.cimpas.pt) - or to the judicial courts. The Insurer's Policy on Handling Customers and all other information on the Management of Complaints is available at [www.ocidental.pt](http://www.ocidental.pt).
9. In the event of a complaint regarding the conduct of Millennium bcp you may contact your bank branch or Customer Service Department through the email: [centroatencaocliente@millenniumbcp.pt](mailto:centroatencaocliente@millenniumbcp.pt) or through the Contact Center by phones 91 827 24 24 / 93 522 24 24 / 96 599 24 24 (cost of a call to the national mobile network) and (+ 351) 21 005 24 24 (cost of a call to the national fixed network). 24-hour personalized service. The cost of communications depends on the tariff agreed with your operator. You can also contact the Customer's Ombudsman, located at Praça Dom João I, nº 28 - Piso 4, 4000-295 Porto via e-mail [provedoria.cliente@millenniumbcp.pt](mailto:provedoria.cliente@millenniumbcp.pt). Millennium bcp's Complaints Management Policy and other related information are available at [www.millenniumbcp.pt](http://www.millenniumbcp.pt).

Ageas Portugal - Companhia de Seguros, S.A. (brand Ocidental, Hereinafter referred to as "Ocidental ") is the entity responsible for processing the personal data of the insurance policyholder (if a natural person) or the representative(s) of the insurance policyholder (if a legal person), all the other insured persons and/or beneficiaries ("Data Subjects"), in the context of the subscription of insurance products, collected through this document, as well as any that are provided subsequently, namely during the reporting of a claim, even if they have been collected from third parties. The personal data provided are necessary for the subscription and management of the insurance, including the issuance of the policy, management of the policy, management of claims and annulment of the policy, and are processed only for this(these) purpose(s). In this regard, Ocidental processes the following categories of data: identification and contact data, health data; financial data and all other data required for concluding the insurance contract. For the pursuit of the purpose(s) described above, Ocidental may communicate the collected data to subcontractors, business partners and entities of the insurance sector, such as the Portuguese Association of Insurers, insurance distributors and reinsurers. Ocidental may also communicate personal data when it deems that this disclosure of data is necessary or appropriate (i) considering the applicable law, (ii) in compliance with legal obligations/court orders, or (iii) to respond to requests from public or governmental authorities. The provision of products and services by Ocidental could imply the transfer of personal data to third countries (which do not belong to the European Union or European Economic Area).

In these cases, Ocidental will implement the necessary and appropriate measures considering the applicable law to ensure the protection of the personal data being transferred. Ocidental keeps the data throughout the established contractual period, unless it is duty bound by law to keep the data for a longer period. Data Subjects can, at any time, request access to their personal data, as well as their data's rectification, elimination or limitation to their processing, the portability of their data, or object to their processing (with the exception of data strictly necessary for the provision of the service) through written request addressed to Ocidental to the email [apoiocliente@ocidental.pt](mailto:apoiocliente@ocidental.pt) or postal address Praça Príncipe Perfeito n.º 2, 1990-278 Lisboa. If you wish to contact the Data Protection Officer (DPO), please do so via the email [dpo@ocidental.pt](mailto:dpo@ocidental.pt). Without prejudice to any other form of administrative or judicial appeal, Data Subjects are entitled to the right to submit a complaint to the National Data Protection Commission (CNPD) or to another supervisory authority that is competent under the terms of the law, if they consider that their data is not being processed legitimately by Ocidental. Ocidental may process personal data in order to assess the level of risk associated to the insurance subscription based on automated processing (i.e. without human intervention) of personal data, substantiating a decision which could take effect in the legal sphere of the Data Subject, namely with respect to the pricing of the insurance. In this respect, Ocidental undertakes to take the appropriate measures to safeguard the rights, freedoms and legitimate interests of the Data

Insurance Policyholder/ Insured Person: \_\_\_\_\_

## STATEMENTS, CONSENTS, DATE AND SIGNATURES

Subjects, namely the right to obtain human intervention by Ocidental, express their point of view and contest the decision in question.

With the Data Subject's consent (if a natural person), Ocidental will use the collected data for sending promotional communications, disclosing campaigns relative to Ocidental products and services suited to the Data Subject's profile.

With the Data Subject's consent, the entities of the Ageas Portugal Group (namely: Ageas Portugal - Companhia de Seguros, S.A. (brand Ocidental), Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Médis - Companhia Portuguesa de Seguros de Saúde, S.A., Ageas - Sociedade Gestora de Fundos de Pensões, S.A.) will have access to the Data Subject's personal data for sending promotional communications, disclosing campaigns relative to Ocidental products and services suited to the Data Subject's profile. These entities will act as autonomous processors for the processing that each carries out. Data Subjects can, at any time, request access to their personal data, as well as their data's rectification, elimination or limitation to their processing, the portability of their data, or object to their processing through written request addressed to the entities responsible for the processing (processors) to the contacts indicated above. They may also contact the DPO of the Ageas Portugal Group through the email [dpo@ageas.pt](mailto:dpo@ageas.pt). You can also manage the consents that have provided through your Reserved Area. If you wish to know more about how the entities of the Ageas Portugal Group process your personal data, please see their Privacy Policies presented on the website of each entity.

The profile will be created based, in particular, on demographic variables such as age and gender, area of residence, personal preferences indicated, as well as the subscribed products, with the profile being adjusted throughout the relations established with any of the entities of the Ageas Portugal Group. The personal data will be kept for marketing purposes as long as the Data Subject does not withdraw consent. All our communications contain a link through which the Data Subject can, at any time, withdraw consent. However, this does not invalidate the processing that has been done up to that date based on the previously given consent.

The Insurance Policyholder (natural or legal person), by providing third party data, namely insured person(s) and/or beneficiary(ies), undertakes to provide information relative to the processing of personal data described above, as well as the collection of any applicable consent(s).

### **Proposer/Insurance Policyholder and the Insured Person**

I consent to the entities of the Ageas Portugal Group (identified above) having access to my personal data kept in the context of the relationship established with the entity(ies) of the Ageas Group, under the terms previously referred.

I consent to the processing of my personal data by the entities of the Ageas Portugal Group (listed above), for purposes of sending marketing communications through the different communication channels, whether physical or digital, namely electronic notifications, letters, SMS or email, suited to my profile, under the terms previously referred and described in more detail in the various Privacy Policies available on their websites.

Place and Date: \_\_\_\_\_

Insurance Policyholder/  
Insured Person: \_\_\_\_\_

The Branch: \_\_\_\_\_

Insurance Policyholder/ Insured Person: \_\_\_\_\_

**The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail.**

**Insurance Intermediary:** Banco Comercial Português, S.A., with head-office at Praça D. João I, 28, in Porto, with share capital of 3.000.000.000,00 Euros, registered at the Board of Trade of Porto, under taxpayer number 501525882. Insurance Agent registered under no. 419527602, with the Insurance and Pension Funds Supervisory Authority - Registration Date: 21/01/2019. Authorization for life and non-life insurance brokerage. Information and other details of the registration can be verified at [www.asf.com.pt](http://www.asf.com.pt). The Broker is not authorized to sign insurance contracts on behalf of the Insurer nor to receive insurance premiums that should be delivered to the Insurer. The Broker does not assume the coverage of the risks related to the insurance contract, which are fully undertaken by the Insurer.

**OCIDENTAL**  
grupo ageas

**Insurer:** Ageas Portugal - Companhia de Seguros, Public limited company, with head office at Praça Príncipe Perfeito n.º 2, 1990-278 Lisboa. Legal Person No. 503454109. Porto Trade Register. Share Capital of 7.500.000 Euros. Registration ASF 1129, [www.asf.com.pt](http://www.asf.com.pt)