

1.	First Name and Surname / Name of legal person	
2.	Address / head office or registration number	
3.	Name of current Competent Authority	
4.	Address of online register	
5.	Authorised classes of insurance, if applicable	<input type="checkbox"/> All Life classes <input type="checkbox"/> All Non-life classes <input type="checkbox"/> Only one or more classes
6.	Date Name and position of sender