

Registration form for Prisma Net

Please fill in this form. Do you have any questions? Just call Tel +43 (0)5 01 02-5514 and we will be happy to answer them for you. You can fax the form after filling it in to +43 (0)5 01 02-4199 or send it by post.

Policy No.

Please place a cross in the appropriate box:

We are policyholders and hereby apply for the Prisma Net connection.

We are a co-insured company and hereby apply for the Prisma Net connection.

The policyholder is (please only fill in this point if you are a co-insured company applying for a connection)

.....
.....

Co-insured company (complete company name and address incl. legal form)

.....
.....

Address

.....
Postal code, town

Country

We hereby apply for the Prisma Net connection in order to handle the following policies:

Policy No.

Policy No.

Policy No.

Please register the following persons at our company as new Prisma Net users:

Mr/Ms (+ any title)

First name

Last name.....

Telephone/extension.....

E-mail address

Mr/Ms (+ any title)

First name

Last name.....

Telephone/extension.....

E-mail address



0003002025

Mr/Ms (+ any title).....

First name

Last name.....

Telephone/extension.....

E-mail address

Mr/Ms (+ any title).....

First name

Last name.....

Telephone/extension.....

E-mail address

Please remove the following persons at our company as Prisma Net users:

Mr/Ms (+ any title).....

First name

Last name.....

Telephone/extension.....

E-mail address

Mr/Ms (+ any title).....

First name

Last name.....

Telephone/extension.....

E-mail address

We hereby declare that we agree to observe the "General Conditions for the Use of Prisma Net". PRISMA will confirm this registration by sending the user IDs and passwords for the persons listed above.



Date

Date.....

.....
Signature, Company stamp

.....
Signature, Company stamp
(only if the applicant is not a policyholder)