

**CONFIRMATION OF RECEPTION OF KEY INFORMATION
DOCUMENT (KID) FOR PRODUCT
WEALTH INSURING**

No. of application form

Policyholder

Title	
First name	
Last name	
Date of birth	

Address of permanent residence

Street, Number	
ZIP code	
City	
Country	

I hereby **declare with my signature that I took over in writing and familiarized myself with the key information document for a packaged retail and an insurance – based investment product (PRIIPs KID) and Insurance funds booklet, produced by the Insurer, sufficiently prior to the filling in of the application form for conclusion of the insurance contract for product “Wealth Insuring”.**

Insurer: NOVIS Poist'ovňa a.s., registered seat at Námestie Ľudovíta Štúra 2, 811 02 Bratislava, Slovakia, Company ID No.: 47 251 301.

In _____ , on ____ . ____ . _____

Signature of the Policyholder