

**APPENDIX TO THE GENERAL TERMS AND CONDITIONS FOR THE INSURANCE PRODUCT, WHICH AMENDS
AND FULLY REPLACES POINT 1., ART. 33 FINAL PROVISIONS WITH EFFECT FROM 25.05.2018 AS FOLLOWS:**

1. a) The Insurer, as derived from the Regulation of the European Parliament and the Council of European Union 2016/679 from 27 April 2016, has the status of the controller, which processes personal data of data subjects (particularly the policyholder, the insured, the entitled person) itself or through intermediaries.
- b) The policyholder and the insured persons note that providing personal data to the Insurer is always voluntary, but in case of failure to provide it, it is not possible to fulfill all contractual obligations. The policyholder confirms that when he or she has disclosed personal data to the Insurer about others, he or she has done so based on their consent.
- c) Data subjects are obliged to provide the Insurer even without a consent a contact telephone number, fax number and e-mail address if they have them, documents and data demonstrating the client's ability to fulfill insurance contract obligations, to determine the extent of the obligation to provide insurance benefit, required provision of insurance obligation, authorization to represent, if it is a representative, fulfillment of other requirements and conditions for the conclusion of an insurance contract and the information about the health condition within the range necessary to assess the risk at the conclusion of the insurance contract. Furthermore, they are obliged, if it is a natural person, to provide data in the range of name, surname, permanent residence, temporary residence if they have it, birth identification number, date of birth, nationality, type and number of the identity document including the natural person through whom the legal entity acts; in case of a natural person, who is an entrepreneur, name, surname, place of business, nationality, subject of business and denotation of the official register or other official records in which this entrepreneur is registered and the number of the entry in that register or record. In addition, they are obliged, if it is a legal entity, to provide data in the range of name, company registration number if any is assigned, address, the scope of business or any other activity, location of the business or branch offices and a different address of its operation and a list of persons forming the statutory body of the legal entity; and the information about it within the scope of this point (c), the denotation of the official register or other official records in which the legal entity is registered and the number of the entry in that register or record.
- d) The Insurer shall be entitled to obtain, by copying, scanning or otherwise recording, personal data from the identity document in its entirety as captured.
- e) The Insurer processes personal data to identify clients and their representatives and to retain the possibility of subsequent verification of such identification, for concluding insurance contracts and administering insurance, for administering claims by the Insurer, for protecting and claiming the rights of the Insurer, for documenting Insurer's activity.
- f) The Insurer shall publish a list of categories of its contractual partners to whom it provides or accesses personal data available for fulfilling contractual relationships or its legitimate interests on its website.
- g) In case personal data are processed under consent, it may be revoked at any time. The Insurer accepts in case of revocation all forms of communication if the client is unambiguously identified.

I hereby declare that I have familiarized myself with this Appendix to the General Terms and Conditions for the insurance contract and that I have received it in written form.

Date of signature: _____

Signature of policyholder: _____

I hereby declare that I have familiarized myself with this Appendix to the General Terms and Conditions for the insurance contract.

Date of signature: _____

Signature of insured persons: _____

CONSENT FOR THE PERSONAL DATA PROCESSING FOR MARKETING PURPOSES

Name of policyholder: _____

I agree that company NOVIS Poistovňa a.s., with its registered seat at Námestie Ľudovíta Štúra 2, 811 02 Bratislava, Slovakia, Company ID No.: 47 251 301 (hereinafter only ("Insurer")) itself or through its contractual partners, which the Insurer publishes on its website, will process my personal data to the extent provided in application with above mentioned No. for the purposes of the Insurer's marketing activities and that is for the duration of this insurance contract and for one year after its termination. At the same time, I am aware that I can withdraw this consent at any time.

Yes No

I hereby declare with my signature and confirm that I took over in writing and received the document „Information for clients about the protection of personal data“, created by NOVIS Poistovňa a.s., in good time before writing the proposal for conclusion of the insurance contract.

**Date and signature
of policyholder**

Name of insured person: _____

I agree that company NOVIS Poistovňa a.s., with its registered seat at Námestie Ľudovíta Štúra 2, 811 02 Bratislava, Slovakia, Company ID No.: 47 251 301 (hereinafter only ("Insurer")) itself or through its contractual partners, which the Insurer publishes on its website, will process my personal data to the extent provided in amendment with above mentioned No. for the purposes of the Insurer's marketing activities and that is for the duration of this insurance contract and for one year after its termination. At the same time, I am aware that I can withdraw this consent at any time.

Yes No

I hereby declare with my signature and confirm that I took over in writing and received the document „Information for clients about the protection of personal data“, created by NOVIS Poistovňa a.s., in good time before writing the proposal for conclusion of the insurance contract.

**Date and signature
of insured person**

Name of insured person: _____

I agree that company NOVIS Poistovňa a.s., with its registered seat at Námestie Ľudovíta Štúra 2, 811 02 Bratislava, Slovakia, Company ID No.: 47 251 301 (hereinafter only ("Insurer")) itself or through its contractual partners, which the Insurer publishes on its website, will process my personal data to the extent provided in amendment with above mentioned No. for the purposes of the Insurer's marketing activities and that is for the duration of this insurance contract and for one year after its termination. At the same time, I am aware that I can withdraw this consent at any time.

Yes No

I hereby declare with my signature and confirm that I took over in writing and received the document „Information for clients about the protection of personal data“, created by NOVIS Poistovňa a.s., in good time before writing the proposal for conclusion of the insurance contract.

**Date and signature
of insured person**