

Application to establish an additional account (2021-03)

1. Company data of the applicant		
Your Hübener Broking number (if already allocated):		
		
Title, first name(s), last name or in the case of legal entities company name (the register	ed name / not trading or brand name)	
2. Data of dependant branch office, representative offi	ce or brand	
Title, first name(s), last name or in the case of legal entities company name (the register	ed name / not trading or brand name)	
Trading or brand name / name of the branch office		
Street, house number of the branch office		
Destanda Placa		
Postcode, Place		
Telephone No.:		
e-mail:		
Homepage:		
3. Accounting information		
Bank account		
Account holder		
IBAN		
Name of the bank Place	of the bank	
Alternative address data for sending the insurance brokerage accounts		
Title, first name(s), last name or in the case of legal entities company name (the register	ed name / not trading or brand name)	

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Trading or brand name / contact	ct individual	
Street/house number		
Postcode, Place, Country		
4.6		
4. Service to Sales F	rartners	
In which language would	d you like accounting and other communications to be conducted?	☐ German
in which language would you like accounting and other communications to be conducted:		☐ English
		-
Would you like to be listed as a sales partner and a link to your website included on the website of □ no / □ yes		
Hubener Versicherungs	AG, based on your contact details (as entered under 1.)?	
Would you like your con	npany data (pursuant to 1.) to be printed in Policies and Correspondence?	□ no / □ yes
Would you also like the details of a sub-broker to be printed (example: ABC Insurance Brokers as		□ no / □ yes
partner of)?		
Which insurance broker number (of an association or group of companies) is to be encoded as		
super-broker for evalua	tion purposes? (This will not affect the brokerage.)	
The Hilbert of Newslotte		
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the newsletter in future.	. (If necessary, please enclose separate list or register online https://huebener-ag.eu	ı/newsletter/.
Salutation ☐ M	r □ Ms	
Salutation Livi	I LIVIS	
First name(s):		
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Email:	· · · · · · · · · · · · · · · · · · ·	
Salutation	r □ Ms	
First name(s):		
Last name:		
Email:		

Date / stamp / signature(s)

The undersigned is/are statutory representatives of the company with entitlement to issue legally-binding declarations on behalf of the company vis-à-vis Hübener Versicherungs AG.