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AXA Service AG

**APPLICATION FOR LIFE LONG COMPANION  
DISCOUNT**

Policy number: 52.30.98. \_\_\_\_\_

Name of Insured: \_\_\_\_\_

I hereby certify that I am co-habiting with \_\_\_\_\_

and **OUR** home address is: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_