Demir

MASAK INFORMATION FORM

Dear Insured Customer,

……../……./2026

Insurance companies: Regulation on Measures to Prevent Money Laundering and the Financing of Terrorism / Principles Regarding Customer Due Diligence / Article 5, titled “Identification,”stipulates that “**when the transaction amount or the total amount of multiple interconnected transactions is three hundred seventy-five thousand YTL or more,**” insurance companies are required to identify their customers and those acting on their behalf or for their account by obtaining and verifying the accuracy of their identification information.

In this regard, please complete the form below, attach a photocopy of your ID card, and we will process your claims.

For your information, we wish you good health.

MASAK FORM DATE	
INSURED NAME, SURNAME	
POLICY NUMBER	
Account Holder's Name, Surname	
Account Holder's Place and Date of Birth	
Account Holder's Mother and Father's Name	
Account Holder's Turkish Republic Identification Number (for Turkısh Cıtızens)	
IBAN of the Account Holder	
Type and Number of Account Holder's Identification Document	
Account Holder's Full Address	
Account Holder's Signature Sample	
Account Holder's Telephone Number	
Account Holder's Fax Number	
Account Holder's Email Address	
Information Regarding the Account Holder's Business and Profession	