

CERTIFICATE OF INSURANCE

INSURANCE PACKAGE TERMS AND CONDITIONS FOR DEATH BY ACCIDENT OR SICKNESS, FOR INVOLUNTARY LOSS OF EMPLOYMENT AND TOTAL TEMPORARY DISABILITY (ONLY FOR SELF-EMPLOYED)

This Certificate of Insurance sets out the Insurance Terms and Conditions and forms integrating part of the Group Insurance Contract no. 97CLRM2 ('Insurance Contract') entered into by **S.C. Alico Asigurari România S.A.** ('Insurance Company') and **Citibank Europe Plc, Dublin – Romanian Branch** ('Bank/Policy Holder') in order to insure the persons who concluded a loan agreement with the Bank as Insured Borrowers. The coverage is valid for one insurance month and shall automatically renew upon payment of the insurance premium by the Insured Borrower. This Insurance shall terminate should the Insured Borrower not pay the insurance premium on the Monthly Due Date (as defined and stated in the Credit Contract executed between the Bank and the Insured Borrower – 'Payment Due Date'). This Insurance has no surrender value and shall not carry the Insured Borrower's right to profit sharing.

1. ELIGIBILITY - You shall be eligible for this Insurance if you are 25 on the Loan Date and 65 on the last Repayment Date on the Loan.

2. DEFINITIONS

2.1 Accident – event unpredictable and unintended by the Insured Borrower, occurred after the effective date of the insurance and generated by external, violent and uncontrollable forces, which leads to Death or Total Temporary Disability (only for self-employed), whether directly or by a continuous chain of events.

2.2 Sickness - a medically-identifiable alteration of physical health not due to an Accident, occurring for the first time after the effective date of the insurance and which leads to Death or Total Temporary Disability (only for self-employed) directly or by an uninterrupted chain of events.

2.3 Employment refers under this contract to the remunerated activity/work performed for and subject to coordination of any Employer whatsoever for at least 40 (forty) hours per week and based on unlimited term labour or employment agreements. For the purposes of this Insurance, Employment shall not cover public offices. Public Office is the body of duties and responsibilities undertaken by an individual upon investiture through direct election or indirectly through appointment as per the law, as defined in the Constitution, laws and other by-laws.

2.4 Involuntary Loss of Employment (ILOE) refers to the licensing of the Insured Borrower for reasons not imputable to the latter, other than the exclusions provided hereunder. The jobless Insured Borrowers that are registered as such with the National Agency for Employment (hereinafter "NAE") are the sole to qualify as Unemployed for the ILOE insurance. The term 'Unemployed' / 'Unemployment' shall hereinafter be used with the meaning above.

2.5 Total Temporary Disability (TTD) is the total and temporary disability of the Insured Borrower to practice his/her own occupation or profession due to an Accident or Sickness occurring before the age of 65 at men and of 62 at women. The TTD condition shall be exclusively confirmed by an authorized medical practitioner appointed by the Insurance Company, irrespectively of any definition of disability provided for by the Romanian social security system.

2.6 Insured Risks covered by the insurance package are: the risk of Death due to Accident or Sickness, the risk of Total Permanent Disability due to Accident or Sickness (only for self-employed) and the risk of Involuntary Loss of Employment.

2.6 Insured Borrower: the Borrower nominated in the loan agreement who joins the insurance plan and paid the insurance premium.

2.7 Outstanding Loan Balance is the principal and monthly commission – exclusive of any interest rate and other commissions – due by the Insured Borrower to the Policy Holder on the occurrence of the Insured Risk, according to the initial Loan Repayment Schedule as signed and endorsed by the Bank.

2.8 Monthly Loan Payment is the current amount owed by the Insured Borrower in the month following the month reported to the Insurance Company and consists of the principal, interest, management fee and insurance premium, less the amounts overdue.

2.9 Insured Loan Amount: amount funded (value of loan plus the arrangement fee) less interest, before any repayment.

2.10 Indemnity Beneficiaries are: a) the Bank/ Primary Beneficiary that is entitled in case of an Insured Risk to receive the Indemnity; b) inheritors of the Insured Borrower/Secondary Beneficiaries, but only in case of Death and prepayment of the Loan.

2.11 Indemnity is the value to be paid by the Insurance Company upon occurrence of an Insured Risk.

2.12 Premium Payer is the Insured Borrower.

2.13 Insurance Month is the period between two Monthly Due Dates.

2.14 Monthly Due Date is the date set and defined in the Loan Agreement executed between the Bank and the Insured Borrower („Payment Due Date”).

2.15 Insurance Underwriting Form is the part of the Certificate of Insurance that sets out the insurance terms and conditions and confirms that the Borrower asks for and receives protection according to the dispositions of the Group Insurance Contract no. 97CLMR2.

3. INDEMNITY:

3.1 Death due to Accident or Sickness: the grant of Indemnities shall depend on no waiting period. On date of Death, the Insured Borrower must be under 65. If the Insured Borrower's Death is due to Accident or Sickness, the Insurance Company shall pay the amount covered by Death Indemnity to the Beneficiary after receipt and review of the required documentation. The amount covered by this Indemnity. At any time before the Last Repayment Date, shall be of **100% from the Outstanding Loan Balance on occurrence of Death, according to the initial repayment schedule, plus a maximum of 3 due payments, if any on the date of decease according to the initial repayment schedule, provided the insurance premium has been paid.** If the date of Decease is a payment due date, then such repayment shall be considered as not disbursed and shall be included in the value of the Indemnity. The Outstanding Loan Balance shall decrease month by month and this automatically prompts the reduction of the Indemnity value. **The maximum Indemnity in case of Death due to Accident or Sickness is of RON 60,000 for each Insured Borrower, irrespectively of the number of Loans covered by the dispositions of this Group Insurance Contract.** If positive differences are found between the Outstanding Loan Balance according to the initial repayment schedule and the Actual Outstanding Loan Balance on the date of decease, the Insurance Company shall directly transfer such difference to the inheritors of the Insured Borrower.

3.2 Total Temporary Disability due to Accident or Sickness – insured risk applicable to self-employed only. If the Insured Borrower becomes temporarily disabled, as defined in this document, the Insurance Company shall pay the value of one monthly payment (principal, interest, management fee and insurance premium) to the Bank for each 30 day TTD period confirmed after the expiry of the waiting period, according to the initial repayment schedule. **The Indemnity shall be disbursed after a 30 successive day waiting period calculated from**

the first day of TTD. No benefit shall be paid for the first 30 days. The waiting period is valid for each indemnity claim. If a period shorter than 2 months at least elapses between the occurrences of two cases of TTD, the two shall qualify as one (i.e. the waiting period shall not apply on the second TTD event). The TTD indemnity payment stops on any of the dates below, whichever occurs the first: when the claim for indemnity is no longer justified by the health condition; on Decease of the Insured Borrower, on celebration of 65 (men) and 62 (women); when the insured individual is able to regain work (even part-time); upon retirement (even early); when the Loan is repaid (on the due date or earlier); when the maximum payment term of 6 monthly TTD indemnities and 12 monthly indemnities in total for several TTD events throughout the entire coverage term is reached. In addition, the Insured Borrower must submit the supporting proof to the Insurance Company that he/she was self-employed on the commencement of the Total Temporary Disability, that he/she had to entirely suspend activity due to an Accident or Sickness and that he/she is still able to regain work on the date of the insured event. **The maximum indemnity is of RON 1,800 per month, irrespective of the number of Loans and related monthly due amounts. The maximum TTD Indemnity is of 6 monthly payments. Any Insured Borrower is eligible for a maximum of 12 monthly payments under the TTD Indemnity throughout the entire coverage term, irrespective of the number of Loans and related monthly due amounts.**

3.3 ILOE: If the Insured Borrower unintentionally loses his/her workplace, as defined in this document, the Insurance Company shall pay the value of one monthly payment (principal, interest, management fee and insurance premium) to the Bank for each 30 day ILOE period confirmed after the expiry of the waiting period, according to the initial repayment schedule. **According to this contract, self-employed persons shall not be covered for the risk of Involuntary Loss of Employment.** Insurance coverage shall only be ensured for Unemployment events produced in Romania following termination of a legal employment contract governed by the Romanian law. **ILOE Insurance shall be subject to a 90 day coverage deferment that is one time calculated after the underwriting date. The indemnity claim shall be automatically rejected if the Insured Borrower is notified during the 90 day period of his/her Employment termination for reasons beyond his/her control. The disbursement of the Indemnity by the Policy Holder is conditional upon a 90 (ninety) successive days waiting period calculated from the date of employment termination for reasons beyond the control of the employee. No Indemnity shall be paid for the first 90 days of Unemployment. To submit an Indemnity Claim, the Insured Borrower must meet the following criteria (provided such criteria are fulfilled on the occurrence of the Insured Event, irrespectively of the Borrower's occupation on the effective date of the Insurance): to be under 62 (women) and under 65 (men) on the termination of Employment for reasons not imputable to the employee; to receive the first ILOE indemnity, the Insured Borrower must have been performed work based on an unlimited term employment contract with the same employer for 12 successive months without interruption (a minimum work program of 40 hours per week), whether in the private or public sector, have lost the job and consequently become Unemployed for reasons beyond his/her control, must be a NAE-registered Unemployed in search for a job and receive unemployment allowance from NAE. A minimum 12 month period of uninterrupted employment regardless of the number of Employers must elapse from the first indemnified claim to be allowed to submit a second claim. This is the only case when the 12 month requirement may be realized under both unlimited and limited term employment contracts.** The Indemnity payment obligation shall cease under any of the circumstances below: the Insured Borrower celebrates 62 (women) and 65 (men); if the Insured Borrower receives no more unemployment allowances from NAE; in the event of Insured Borrower's Decease; if the Insured Borrower gets an official part-time job; on the age-limit retirement date, in the event of sickness or earlier; if all Loan-related obligations have been redeemed; when the maximum payment term of 6 monthly ILOE benefits and 12 monthly indemnities in total for several ILOE events throughout the entire coverage term is reached. **The maximum indemnity is of RON 1,800 per month, irrespective of the number of Loans and related monthly due amounts. The maximum ILOE Indemnity is of 6 monthly payments. Any Insured Borrower is eligible for a maximum of 12 monthly payments under the ILOE Indemnity throughout the entire coverage term, irrespective of the number of Loans and related monthly due amounts.**

3.4 Notice of indemnity. As soon as practically possible, the Insurance Company shall be notified of the occurrence of the Insured Risk by the Bank or by the Insured Borrower, Insured Borrower's inheritors or by any other person who became aware of the Insured Event, as appropriate. Such notice shall be delivered to the Insurance Company within no more than 90 (ninety) calendar days from the occurrence of the Insured Risk or from the date on which the indemnity claimant became aware of such occurrence. If the notice is sent after the expiry of the 90 day period, the Insurance Company reserves the right to reject the indemnity claim. **The right to submit a claim to the Insurance Company expires after 3 (three) years from the occurrence of the Insured Risk.** All Indemnity Claims shall be submitted by the claimant to the Insurance Company in written form and all certificates, data, information and documents that have been reasonably and currently requested by the Insurance Company shall be submitted in the form and type instructed by the Insurance Company, without any additional cost on the Insured Company's side.

In case of an Insured Event, You or Your representative shall provide the Bank with the following documents: a) **Death due to Accident or Sickness:** the Insured Borrower's ID paper and a notarized copy of the Certificate of Death; a copy of the Certificate of Insurance setting out the insurance terms and conditions (including the Insurance Underwriting Form); a notarized copy of the forensic certificate attesting the decease (issued by the competent medical practitioner); the result of the autopsy (if any); medical accounts attesting the cause of the decease (in case of hospital confinement or subsequent investigations, including a copy of the patient's medical report and a statement of the family doctor in connection to the incipient stage and progress of the concerned illness); the police report (if involved in investigating the case), including the toxicology report and other supporting documents required by the Insurance Company's Claims Department. In case of Insured Borrower's Death, the Insurance Company has the right to ask for post-mortem examination of the deceased, at its expenditure; b) **Total Temporary Disability due to Accident or Sickness:** the Insured Borrower's ID paper, a copy of the Certificate of Insurance setting out the insurance terms and conditions

(including the Insurance Underwriting Form); the health certificate describing the incipient stage and progress of the concerned illness/photocopy of the family doctor's report; the document attesting that the Insured Borrower was carrying out legally-registered activity on the first day of the uninterrupted disability period (valid operating license for self-employed), the certificate issued by the competent physician attesting work unattendance due to Sickness or Accident and the likely cause and term of the absence; the police report (if involved in investigating the case), including the toxicology report (only for TTD due to Accident); the document issued by the medical practitioner appointed by the Insurance Company on the payment history of indemnities (sick leave, occupational accident) towards the social security fund, as well as other supporting documents required by the Insurance Company's Claims Department; c) **ILOE**: the Insured Borrower's ID paper, a copy of the Certificate of Insurance setting out the insurance terms and conditions (including the Insurance Underwriting Form); a copy of the employment contract / labour booklet; the employer's notice of dismissal due to corporate reorganization or employment termination for reasons beyond the Insured Borrower's control, stating the date, cause and effective date of employment termination with the concerned employer; unemployment registration certificate issued by NAE; proofs of payment by NAE of the unemployment allowances; photocopy of the Unemployed Booklet endorsed for the unemployment month which covers the due date for which Indemnity is claimed or any other document released by NAE attesting that the claimant was Unemployed and received unemployment allowance on the monthly due date (such document must be submitted until the due date of each monthly repayment subject to Indemnity Claim).

3.5 Indemnity Payment Deadline. Upon the involved Parties' agreement (Insurance Company and Bank) on the amount of the Indemnity, this shall be paid within 10 (ten) calendar days after calculation, however not more than 30 (thirty) calendar days from receipt of the last document required to complete the Claims File by the Insurance Company. Indemnities shall be transferred by the Insurance Company directly into the Bank's account indicated in the Indemnity Claim. The next Indemnities to be paid each month by the Insurance Company shall be disbursed within 10 business days from the date on which the indemnity terms and conditions are met and the Insurance Company received the documents required to enable the payment of indemnities.

4. MATERIAL EVENT If the personal details requested by the Insurance Company and/or provided by the Insured Borrower are substantially different from the actual ones and this affects the claim for indemnity, the Insurance Company may refuse to pay the indemnity.

5. EXCLUSIONS: 5.1 No Death or TTD indemnity claim shall be accepted if the Death or TTD event may have been caused or is the direct or indirect result, whether in total or in part, of any of the following factors: a) any pre-existent condition, i.e. any condition for which the Insured Borrower has been subject to healthcare or treatment or received the doctor's approval or has been taken or manifested during the past 12 (twelve) months before the Insurance Effective Date; b) committing suicide during the first 2 valid years of insurance, irrespectively of the mental condition; c) any disease directly or indirectly caused by HIV (Human Immunodeficiency Virus) and/or any illness associated to HIV, including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutation or variation of these diseases caused in any manner whatsoever; d) abuse of alcohol by the Insured Borrower beyond the blood alcohol levels set forth in the applicable laws regarding operation of motor vehicles – and/or abuse of drugs; e) war, upheaval or civil uprising; f) radioactive contamination; g) any activity carried out on duty (as defined by the concerned authority) involving the handling and operation of guns, military training or special Military Force operations or in any other national or territorial department of the Ministry of Interior or any private, governmental or local services in connection to the holding guns and/or security of persons and properties of any country or of any authority; h) commitment or attempt to commit a crime; i) self-destruction or self-mutilation due to poor mental state or due to psychic diseases; j) Insured Borrower's traveling by any plane not belonging to a legally-incorporated air flight company authorized to organize fare passenger travels on a regular schedule and defined air route; k) practice of professional sports or of other sporting activities involving the use of motor vehicles (including car race), boxing, diving / dives, parachuting or hang gliding, horse races or climbing. Particularly for TTD, the following consequences shall expressly apply besides the exceptions above: a) of disability, attributable to the Insured Borrower, based on personal complaints that have not been medically confirmed and detected by laboratory tests, microbiological and biochemical tests and/or by CT scanning; b) of back aches or associated conditions if no radiology results indicate such disability; c) of any psychic, mental or nervous trouble. 5.2 ILOE indemnities stipulated hereunder shall not be paid if the loss of employment is a direct or indirect result, whether in part or in total, of any of the situations below: a) loss of job notified during the coverage deferment period; b) expiry of the limited term employment or cooperation contract, according to the terms and conditions of this contract; c) early retirement, although the Insured Borrower receives unemployment benefits from NAE; d) unemployment not entitling to NAE unemployment allowances; e) reasons not imputable to the employee, if the employer's person holding the decisional power is The Insured Borrower's blood relation or relative up to the 4th degree or if the Insured Borrower is a shareholder of the employing company or member of its management structures; f) Resignation of voluntary waiver of Employment; g) strikes or other occupational conflicts or any other similar actions that are deemed illegal by the competent authorities; h) disciplinary dismissal; i) part-time seasonal or occasional employment; j) commitment or attempt to commit an offence; k) refusal to hold a proper position within the company if the Insured loses his/her initial job due to corporate restructuring; l) appointment or election in public offices; m) unjustified absence from work, disability periods or any period of temporary loss of employment during which the Insured Borrower is still considered as officially employed.

6. START AND END OF INSURANCE PROTECTION. The coverage in case of Death due to Accident or Sickness and in case of TTD due to Accident or Sickness (applicable to self-employed only) shall become effective on the execution date by the Insured Borrower of the Certificate of Insurance setting out the insurance terms and conditions. The ILOE coverage shall become valid after the expiry of the 90 calendar day deferment period calculated one time from the execution date of the Certificate of Insurance setting out the Insurance terms and conditions. Insurance protection shall cease on any of the dates below, whichever occurs the first: normal expiry of the

loan agreement; Decease of the Insured Borrower; end of the insurance month for which the insurance premium has been paid, in case of earlier termination of the loan agreement irrespectively of the reason for termination (including by earlier repayment); on the second request to change the monthly due date approved by Citibank; the failure to disburse the monthly premium of the Monthly Due Date, as well as in the circumstances described under section 12 below. Personal coverage of risks below shall end: a) upon Death by Accident or Sickness: if the Insured Borrower celebrates 65; b) Total Temporary Disability and Involuntary Loss of Employment: if the Insured Borrower celebrates 62 (women) and 65 (men) or, as appropriate, after disbursement of 12 (twelve) monthly indemnities in total for several TTD and ILOE events respectively, throughout the entire coverage period; on the anniversary of 5 years from the Insurance Effective Date in the event of termination of the Group Insurance Contract no. 97CLRM2. The insurance package may only be waived by the Insured Borrower based on a written request (Insurance Waiver) sent to the main offices of the Insurance Company.

7. JURISDICTION The Laws applicable to the Insurance Contract are: Law 136/1995, as subsequently amended and completed; Law 32/2000, as subsequently amended and completed. Any statutory amendment affecting this Contract shall be promptly notified to the Insured Borrower by the Insurance Company.

8. DISPUTE SETTLEMENT Any dispute or conflict that may arise following or in connection to the insurance underwriting shall be amiably settled by the Parties, whenever possible, based on a request submitted at the Insurance Company's headquarters. The Insurance Company shall reply to such request within no more than 30 calendar days from the receipt of the complaint. If no amiable solution can be reached, the dispute shall be referred for settlement to the Romanian competent courts.

9. INSURANCE PREMIUM The insurance premium representing the price for Insurance Company's incurring of Insured Risks under the Insurance Package, shall be calculated and collected by the Bank on a monthly basis and shall be included in the monthly amount due by the Insured Borrower on the Monthly Due Date. The premium rate (0.143%) shall be applied on the Insured Loan Amount. The premium rate shall not consider the age or gender of the Insured Borrower or the term of the Loan. In case of Insured Borrowers who fully repay the loan before its due date, the insurance coverage shall be valid until the end of the insurance month for which the insurance premium has been paid. The value of the premium rate is secured for every Insured Borrower for a period of 5 years from the Insurance Effective Date. After the expiry of the 5 years period, the insurance protection may be renewed on a yearly basis and the Insurance Company has in this case the right to amend the premium rate for all insured Borrowers, subject to a 3 months prior notice. If the Insured Borrower disagrees with the increase of the premium, the personal coverage shall not be renewed. No grace period shall apply to premium payment.

10. TAX DEDUCTIONS According to the Tax Code, the costs related to insurance premiums for wage-earners shall qualify as deductible expenses, provided the amount representing the insurance premium received by the beneficiary on its payment date by the bearer is subject to taxation. The following shall not qualify as taxable income: amounts collected from any kind of insurance policies as indemnity, the insured amounts, as well as any other right, except for profits obtained by the insurance companies from payoffs under the insurance contracts concluded between the parties. The deductions above may cease to be valid at any time during the performance of the insurance contract following the amendment or cancellation of certain regulations, even of minor importance, that substantiate their enforceability.

11. SECURITY FUND Law 136/1995 on insurance and reinsurance in Romania, as subsequently amended and completed, sets forth the creation of the Security Fund for payment in case of insurer's insolvency of indemnities under optional and mandatory insurance contracts executed as per the terms of Law 136/1995. This Security Fund created by contributions from insurers and aiming at protecting the insured, insurance beneficiaries and indemnified third parties shall be managed and used by the Insurance Supervisory Committee.

12. ACCURACY OF REPRESENTATIONS Any fraud, misrepresentation or voluntary omission (i.e. failure to disclose crucial elements for insurance underwriting or indemnity payment) affecting the Insurance Protection under this Insurance Contract shall automatically determine the lawful termination of the Insurance. In this case, all Indemnities that may be due to the Beneficiary shall be considered as lost.

INSURANCE UNDERWRITING FORM – STATEMENT OF THE INSURED BORROWER

„I hereby state that I am familiar with the terms and conditions of the insurance package provided by Alico Asigurari România S.A. (Personal Data Operator no. 2012) (« Insurance »).

I agree that the Insurance underwriting is conditional upon the Bank's acceptance of the loan application and I am aware that the Insurance becomes effective on the execution of the Insurance Underwriting Form. I hereby authorize any physician, clinical unit, hospital or any other medical service supplier, insurance company or any other company, institution or person holding any record or information about me to provide the Insurance Company Alico Asigurari Romania SA with the complete information it may require, including with copies of any medical records about any disease or accident, health treatment or investigation, examination or in-patient period, as well as in connection to any former job I may have held. Any photocopy of this authorization shall be as valid as the original.

I am fully aware that the insurance shall not cover the consequences of any sickness or accident or of any other physical or mental condition already installed or occurred before the Insurance Effective Date and for which I have been medically examined or undergone medical treatment during the past 12 (twelve) months before the date of the insurance underwriting form, and in relation to the Involuntary Loss of Employment, the consequences of any inevitable loss of the workplace that has been notified to me or of which I have become aware on the date of this insurance underwriting form or before. I further state that I do not currently sustain a total or partial loss of work ability due to an accident or a disease and I have not sustained such a loss for more than 30 successive days within the past 12 months, that I have not been confined in hospital for more than 10 successive days within the past 12 months, that I have not been treated for heart or blood vessel conditions,

cancer or any back, nervous system, kidney, liver, brain or lung failure within the same period of time, that I do not currently undergo physiotherapy following an accident;

I hereby appoint the Bank as exclusive and irrevocable beneficiary of this Insurance and I agree that the Insurance Company shall transfer the value of Indemnities to the Bank in order to ensure repayment to the Bank of my debts generated by the loan granted based on this application.

I further state that all information above is true and complete and that it has been used in filling in the Insurance Underwriting Form under the Group Policy no. 97CLRM and I acknowledge that the insurance shall be null and void in case of misrepresentations or failure to fulfil the obligation of providing any information in my possession on the relevant insurable risks.

I hereby state that I have been handed the original copy of the Certificate of Insurance setting out the insurance terms and conditions that I have read, understood and fully agreed with.

I agree that the Insurance Company may process any of my personal data disclosed in the loan application, including the personal identification number and personal data serving for general identification purposes. I am aware of my rights under the laws applicable to the protection of individuals in connection to the processing of personal data and free movement of such data, namely the right to have access to information (free of charge for one written, dated and signed request per year whereby I require the transmission of such information to a particular address, including by e-mail or personal delivery mail service), the right to change data, the right to oppose, the right to be no subject of individual decisions and the right to go in court, and I consequently give my explicit consent for the processing by the Insurance Company of my personal data that have been completed this way, according to the applicable laws. I further state that I am aware that personal data provided by me shall be subject to processing throughout the entire performance of the insurance contract and up to 5 years from its termination, for the following purposes: creation of a database for the management of the insurance contracts, the review of indemnity claims in case of an Insured Event, reinsurance and client portfolio analysis, compilation of various insurance offers, research studies, direct mailing, advertising, publicity and marketing relating to the Insured Company's products, etc. I understand and agree that my personal data may be disclosed to the following recipients: employees of the Insurance Company, market survey providers which concluded service agreements with the Insurance Company, contractors of the Insurance Company, other entities of the Insurance Company's group. Other individuals or body corporate entities that process data on behalf of the Insurance Company, solicitors, accountants, reinsurers, auditors and public authorities, on their reasonable request. Furthermore, I agree with the processing of information on my health condition even in the absence of surveillance by the medical staff and/or by any persons, other than medical staff.

I agree that the Insurance Company may transfer my personal data abroad.

Details of the Insurance Company: Alico Asigurări România SA, Europa House, 47-53 Bdul Lascăr Catargiu, 1st district, Bucharest, phone no: +4021/208 40 71, Fax: +4021/208 41 04, e-mail: h.o@alico.ro, Trade Registry no. J40/12746/1998, Tax Code 11304080, Insurance Supervisory Committee License – Single Code: RA-030/10.04.2003, Personal Data Operator no. 2012.

Details of the Bank (Insurance Broker): CITIBANK EUROPE PLC, DUBLIN – ROMANIAN BRANCH, with its principal place of business in Bucharest, 145 Calea Victoriei, 1st district, Trade Registry no. J40/21058/17.12.2008, Single Registration Code 24882493, Tax Code RO24882493, Credit Institution Register no. RB-PJS-40-065/22.12.2008, CNVM Register no. PJM01SICM/400004, Personal Data Operator 4736. Citibank Europe plc, Dublin – Romanian Branch is registered as insurance broker according to the 2005 European Community Regulations (insurance brokerage) (as subsequently amended) in the Insurance and Reinsurance Brokers Register held by the Irish Financial Services Regulatory Authority ("Financial Regulator") under no. C26553.

You may check this on the Financial Regulator's website: <http://registers.financialregulator.ie/>.

In this trade relationship, CITIBANK EUROPE PLC, DUBLIN – ROMANIAN BRANCH, in its capacity of insurance broker, carries out business according to the applicable laws and executed in this respect a group insurance contract with the insurance company S.C. Alico Asigurari Romania SA.

In case of any dispute, controversy or legal proceedings that may arise between the Client (Insured Borrower) and the Bank (Insurance Broker), the Parties shall make attempts for an amiable settlement. If no amiable solution may be reached, either Party may defer matters to the competent courts.

We hereby inform you that you have the right to ask for further information regarding the insurance contract.

SURNAME AND NAME OF THE INSURED BORROWER	
PERSONAL NUMBER OF THE INSURED BORROWER	
Signature of the Insured Borrower	
Date of execution	
Signature and seal of the Bank's Representative	