



## IFRS 17 - Insurance Financial Analysis

Ms.

Mr.

Last name

First name

Date of Birth

### Business address

billing address

Employer

Street / Nr.

Zip / City

Phone

Mobile

E-Mail

### Private address

billing address

Street / Nr.

Zip / City

Phone

Mobile

E-Mail

### Subscription

IFRS 17 incl. access to study material (CHF 1'950)

### Confirmation

I confirm that the above information is true and correct

I hereby confirm that I have read and accept the **General Terms and Conditions**.

Place and date

Signature

Please send your registration by email or mail to:

AZEK AG, Feldstrasse 80, CH-8180 Bülach | Phone +41 44 872 35 35 | email: [info@azek.ch](mailto:info@azek.ch)