

If you'd like to become a network partner of Deutsche Assistance, please fill out the form below and send it, preferably online, to our network management. If you have any questions, please do not hesitate to contact our colleagues in the specialist departments under the following contact details:

Network Medical

Fabian Werner
Telephone+49 (0)211 536 3190
Telefax+49 (0)211 536 3196
E-mail medicalnetwork@deutsche-assistance.de

Network Automotive & Real Estate

Christian Buchner
Telephone+49 (0)211 536 3304
Telefax+49 (0)211 536 3195
E-mail koop_kraftfahrt@deutsche-assistance.de
koop_immobilien@deutsche-assistance.de

Request to cooperate in the area (please tick)

- Medicine Automotive Real estate

COMPANY DATA

Company name

Contact

Street House number

Postcode Town

Telephone / Telefax /

E-mail

Website

Branch offices Yes, in (Enter region and number)
 No

RANGE OF SERVICES

Please describe your range of services:

EMPLOYEES

Number of commercial employees Number of specialist employees

Qualifications of specialist employees

Comments regarding employees

BUSINESS HOURS/AVAILABILITY

Mondays to Fridays from until hours

Saturdays from until hours Sundays/holidays from until hours

Comments regarding availability

REGIONAL DEPLOYMENT

Regional deployment postcode from to Radius km
 Comments regarding regional deployment

QUALITY STANDARDS

What quality standards have you set yourself?

What performance guarantees do you give?

Are you a member of an association or a professional institution?

Do you have any certifications?

What is the maximum amount covered by your business liability insurance? EUR
 With which insurance company was this taken out?

COOPERATION

Do you accept our cost assumption declarations and are you prepared to settle accounts directly with us? Yes No
 Can an emergency service number be linked to your telephone? Yes, telephone / No

DOCUMENTS

Please enclose the following documents in digital form or as a copy:

- Trade register extract or trade licence
- Certificates and references, where applicable
- Price list
- Confirmation of business liability insurance

By sending this form, you agree that your data may be used and stored electronically so that this transaction can be processed.

Place Date

Signature/company stamp
 (After sending us the form digitally, please send it to us once again signed and stamped by post.)