



*Travel*

## Application Form

Insured Person:

Occupation:

Title	Surname Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Destination	Purpose of Trip	Beneficiary
<input type="text"/>	<input type="text"/>	<input type="text"/>

Period of Insurance:  
Date of (Departure: \_\_\_ / \_\_\_ / \_\_\_ Return Date: \_\_\_ / \_\_\_ / \_\_\_ No. of Days/Months \_\_\_\_\_

No. Accompanied Children:

Names: \_\_\_\_\_

PIN: \_\_\_\_\_ Passport No. \_\_\_\_\_

Insured's Address: \_\_\_\_\_ Tel No. \_\_\_\_\_

Email: \_\_\_\_\_ Home Doctor \_\_\_\_\_ Tel No. \_\_\_\_\_

FOR OFFICIAL USE ONLY	Premium:	\$ _____
	Levies:	\$ _____
	Stamp Duty:	\$ _____
	Total	\$ _____

### Declaration

1. I am not aware of any circumstances likely to lead to the cancellation of the journey. Nor have I withheld any information likely to affect the acceptance of this insurance and I will notify the company of any change in circumstances or health occurring prior to departure. Pre-existing conditions are excluded, except for Gold and Business
2. I accept the levels of cover chosen.
3. I declare that all persons are in good state of health and fit to travel.
4. Subject to terms and conditions of the policy wording.

### Cover Selected:

- |                                   |                                 |                                   |   |
|-----------------------------------|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Gold     | <input type="checkbox"/> Silver | <input type="checkbox"/> Senior   | <input type="checkbox"/> Group            |
| <input type="checkbox"/> Schengen | <input type="checkbox"/> Youth  | <input type="checkbox"/> Business | <input type="checkbox"/> Incoming/Inbound |

Agents Name: \_\_\_\_\_ Date: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_