

TRAVEL PLUS PROPOSAL FORM

I. POLICY HOLDER'S DETAILS

First Name: Surname:
Gender: Male Female Date of Birth:
 Nationality:
 Country of Residence: Postal Address:

 Residential Address:
 Email Address: Telephone No.:
 Have you requested a travel cover within the last two months?:

II. TRAVEL DETAILS

Period of Insurance(Annual Policy Only):
 Departure Date:
 Return Date:
 Passport No.:
 Issuing Country: Country of Destination:
 Other Destinations: **Trip Type:** Single Multiple
 Next of Kin: Relationship to Applicant & Tel. No.

III. LIST OF ALL PERSONS TO BE COVERED BY THIS TRAVEL INSURANCE POLICY

Full Name	Passport No.	Gender	Birth Date	List any injury/ chronic illness

IV. DECLARATION

By signing this Travel Proposal, the policyholder accepts the general conditions and exclusions attached to the policy, certify that the trip type, initial proposed travel date, travel dates, destination and ages of the insured's listed on this application are true and correct and understand that failure to provide correct information may affect this coverage.

Signature of Applicant:

Broker/ Agent:

Date:

Agency No.: