

APPLICATION FORM FOR INTERNATIONAL TRAVEL INSURANCE

FOR OFFICIAL USE ONLY

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

POLICY NO:

(A) PERSONAL DETAILS

Surname: _____ Other Names: _____

Gender (please tick): Male Female Date of Birth: _____

Occupation: _____

Period of Insurance: Start Date: _____ Expire Date: _____

Address in Ghana: _____

Telephone: _____ E-mail: _____

Country(ies) of Destination: _____

Destination Address: _____

Destination telephone: _____ Passport Number: _____

Issuing Country: _____ Country of Citizenship: _____

Beneficiary of Applicant: _____

Relationship to Applicant: _____ beneficiary of Spouse/Children: _____

Relationship to Spouse/Children: _____

(B) DISCLOSURE

Are you aware of any circumstances, medical or otherwise that could result in a claim under this instance? Yes No

If yes, please give details on a separate sheet.

If you are above 65 years, a medical report will be required.

	NAME OF OTHER PERSONS TO BE INSURED	GENDER	DATE OF BIRTH	PASSPORT NO.
1				
2				
3				
4				

Premium:

DECLARATION

I declare that to the best of my knowledge and belief, the information given above is true and that all Health Conditions and Material Facts have been disclosed to the underwriters. I agree that this application shall be the basis of the Contract of Insurance. I understand that non-disclosure or misrepresentation of a material fact will entitle the underwriters to void the insurance.

Signature of Application: _____

Broker/Agent: _____

Agency No: _____

Date: _____

Examined by: _____