



GLICO LIFE INTERNATIONAL TRAVEL INSURANCE

PERSONAL DETAILS

Surname..... Other Names.....

Date of Birth..... Age Range 0-18years 19-65years 66-75years

Gender..... Passport Number..... Nationality.....

Telephone..... Home Address.....

Occupation..... Email Address.....

Destination Address..... Purpose of Trip

Trip Departure Date Trip Return Date

Beneficiary/ Next of Kin..... Relationship to Beneficiary

| | YES | NO |
|---|-----|----|
| • Do you have any pre-existing medical condition(s) prior to commencement of this trip? | | |
| • Have you received medical advice or treatment (including medication) for hypertension 2 years prior to this trip? | | |
| • Have you been under treatment or medical supervision during the 12months prior to the start of this trip? | | |

Please give full details below to any question answered 'Yes' above (use extra sheet of paper, if necessary).

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DECLARATION

I solemnly declare that the answers provided above are true and that all material facts needed to assess the risk by the underwriter have been duly disclosed. I understand the terms and conditions of the insurance plan provided in the Travel Insurance Booklet and I agree that this declaration forms the basis of the contract

Applicants Signature..... Date.....

OFFICIAL USE ONLY

Agent Name..... Underwriter.....

Policy Travel Type..... Policy Number.....

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