

DOMESTIC SERVANTS PERSONAL ACCIDENT QUESTIONNAIRE

Mr. Mrs. Miss NAME and FORENAME

Servant Name: _____

Date and Place of Birth: _____

CPR/Passport No.: _____

Nationality: _____

Address: _____

Sponsor Details

Name : _____

CPR No.: _____

Postal Address: _____

Tel.: _____ Mobile: _____ Fax: _____

Period of Insurance: From: _____ To: _____

1. Is the above servants in good health and free from mental or physical defects?
If not, please give full details in each case.

DECLARATION: I do hereby declare that the above answers are true, and that I have withheld no material information regarding this Proposal. I agree that this Declaration, and the answers given above, as well as any further Proposal or Declaration or Statement made in writing by me or anyone acting on my behalf shall form the basis of the contract between me and the _____

Date: _____

Signature: _____

Faxback now on: 17 71 71 66