

TRAVEL INSURANCE PROPOSAL FORM

Name _____

CPR No. _____

Postal Address _____

Telephone No. Residence _____ Office _____ Mobile _____ Fax _____

Date of Birth _____

Country of Residence _____

Territorial Limit Plan A

Plan B

Date of Departure _____

Period of Travel 5 days 9 days 16 days

23 days 31 days 45 days

62 days 92 days Annual

Purpose of Travel Holiday Business

Insured Members

Name (First and Last)	DOB (Date of Birth)	Gender (mark M/F)	Extension* (use note)

* Extension of cover for Winter / Watersports

I hereby declare to the best of my knowledge that: (i) All persons to be insured are in good health (ii) There are no known circumstances which will lead to cancellation/curtailment of holiday (iii) The information disclosed in this proposal form is correct to the best of my knowledge and it proven otherwise the contract will become null and void. (iv) I agree to the terms, exclusions and conditions of the Company's standard takaful Travel Insurance contract which I have read and understood.

Date: _____

Signature: _____

Faxback now on: 17 71 71 66