

## Travel Sure Application Form

Name of Insured: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

CNIC: \_\_\_\_\_ CNIC Issuance Date: \_\_\_\_\_

Age: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Tel No.: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Passport No.: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_

Plan Selected:	Majestic+	Majestic	No icing
	Imperial	Regal	Royal
	Edison	Newton	

Type:	Individual	Single Trip
	Family	Multi Trip

Effective Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Premium Payable (PKR): \_\_\_\_\_

Mode of Payment:                      Cheque                      Cash                      Credit Card

**Declaration**

I / We hereby declare that the statements, answers provided by me/us in this proposal form are true to the best of my/our knowledge. I also declare that I have withheld no information material to the risk to be covered.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured Person