

Mayfair Travel Insurance Application Form

Date of Departure Date of Return Total Travel Days/Months Country of Travel

Selected Plan (please tick)

AFRICA/ASIA EUROPE BASIC

WORLDWIDE:

BASIC PLUS EXTRA

STUDENT WORLDWIDE:

CLASSIC PREMIUM

PILGRIMAGE:

BASIC PLUS EXTRA

	Persons to be Insured (state Full Names Mr/Mrs/Miss)	Date of Birth	Passport No.	Relationship to Policy Holder	Premium per Person	Additional Premium (Sports)	Total Premium
1.							
2.							
3.							
4.							
5.							

NB: For Group plan please provide a schedule with the details of the insured name, date of birth & passport number. Please complete reverse side as well

Address of Applicant	<input type="text"/>
E-mail Address of Applicant	<input type="text"/>
Telephone No.	<input type="text"/>
Name, address and contact details of :-	<input type="text"/>
1. Usual family Doctor	<input type="text"/>
2. Next of kin	<input type="text"/>

I / We hereby declare that all persons named in this application form are in good health and will not travel unless they are in good health and fit to undertake the insured trip nor has anyone named in this application been diagnosed with and does not suffer from any medical condition for which medical treatment may be required. I am / We are aware that pre-existing medical conditions are not covered. I agree with the terms and conditions of this insurance as described in the policy wording.

I am a permanent resident of Purpose of travel

Signed: Date: Agent Name:

You are in safe hands