

GA SMART APPLICATION FORM

Insured Person:

Title	Surname Name	Date of Birth	Destination	Purpose of trip	Beneficiary

Insured's details:

Address (City, Zip Code)	Passport No.	Tel No.	Mobile No.	E-mail

Period of Insurance:

Date of departure:/..../....

Return Date:/..../....

No. of Days/ Months.....

No. of Accompanied Passengers:

Names:.....

Declaration:

1. I am not aware of any circumstances likely to lead to the cancellation of the journey. Nor have I withheld any information likely to affect the acceptance of this insurance and I will notify the Company of any change in circumstances or health occurring prior to departure.
2. I declare that all persons are in good state of health and fit to travel. Pre-existing conditions are excluded.
3. I accept the levels of cover chosen.
4. Subject to the terms and conditions of the policy wording.

For Official Use Only:

Premium	€
Levies	€
Stamp Duty	€
Total	€

Product Selected: Africa Europe Worldwide

Plan Students Hajj & Umrah

Agents Name:

Date:..../..../....

Insured's Signature:.....