



An individual who assists an applicant to complete this proposal form for insurance shall be deemed to have done so as an agent of the applicant

TRAVEL

SECTION 1: PROPOSER

FULL NAME OF PROPOSER

TITLE	LAST NAME	FIRST NAME	OTHERS
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CONTACT ADDRESS

DATE OF BIRTH

GENDER

MARITAL STATUS

TELEPHONE NUMBER(S)

D	D	M	M	Y	Y	Y	Y	M	F		
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EMAIL

STATE OF RESIDENCE

LOCAL GOVERNMENT AREA

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BUSINESS OR OCCUPATION

SOURCE OF FUND

BVN

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ANNUAL INCOME BOND

UNDER N1.2 MILLION	<input type="checkbox"/>	N1.2 MILLION-N3 MILLION	<input type="checkbox"/>	N3 MILLION-N6 MILLION	<input type="checkbox"/>	OVER N6 MILLION	<input type="checkbox"/>
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SOCIAL MEDIA ID

	<input type="text"/>		<input type="text"/>		<input type="text"/>
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SECTION 2: TRAVEL DETAILS

COMMENCEMENT OF COVER

END OF COVER

POLICY PLAN (Europe, Worldwide Plus, Worldwide Basic or Africa Basic)

D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	
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PASSPORT NUMBER

DESTINATION

<input type="text"/>	<input type="text"/>
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EXPECTED PREMIUM

SECTION 3: DECLARATION

I, _____ desire to effect insurance in the terms and condition of the usual policy of Travel Insurance. I do hereby declare that all the foregoing answers are true and that I have not concealed or withheld anything with which the Insurer should be acquainted with in order to assess my eligibility for insurance.

SIGNATURE OF APPLICANT :

DATE:

D	D	M	M	Y	Y	Y	Y
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WITNESS (NAME):

SIGNATURE:

ADDRESS OF WITNESS:

DATE:

D	D	M	M	Y	Y	Y	Y
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FOR OFFICIAL USE ONLY

Name of Officer / Agent:

Agent Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SBU:

SBU Code:

<input type="text"/>	<input type="text"/>
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Spoke Code:

<input type="text"/>	<input type="text"/>
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Premium Rate:

Excess Buy Back / SRCC:

Officer / Agent Signature: _____

Sub Agent Name (if applicable):

Client's Risk Category: _____