

## Application Form [Worldwide Travel]

### A. Travellers' details and selection of cover

No	Title	Initials	Surname	Birth date (*)	ID number	Premium (**)		Cover (Tick your selection)								
						Single	Family	Comprehensive	Standard	Senior	Youth	Business	Incoming	Emigrate	Groups	CC Top-Up
								Age 0-69	Age 0-69	Age 70-85	Age 0-28	Age 0-69	Age 0-69	Age 0-69	Age 0-59	Age 0-69
1.																
2.																
3.																
4.																

### B. Your dependant children sharing in cover (\*\*\*)

No.	First names (Initials)	Surname	Birth date	Name of parent (as recorded above)	C. Notes
1.					(*) Age of traveller calculates on your date of return.
2.					(**) The family premium applies to you, your spouse/partner and /or your accompanying children.
3.					(***) Not available under cover selections 'Youth', 'Business', 'Groups' and 'Credit Card Top up'. Includes children under Section A when children do not share your cover or you choose to insure them separately.
4.					
5.					

### D. Other details

Telephone number	Facsimile number	E. Payment Details	
E-mail	Cell number	Credit/Debit card	
Main destination	Beneficiary	Expiry	
Date of departure	Date of return	Budget period	
Country of residence	Botswana	Mozambique	South Africa
	Lesotho	Namibia	Swaziland
			Zimbabwe
			Other (please specify)

### Please answer the following financial needs analyses:

	Yes	No
1. Do you understand that this is a short-term travel insurance policy?		
2. Do you have a similar product?		
3. Do you understand that this policy has a cost associated with it?		
4. Do you understand the onus is on u to familiarise yourself with al l the terms and conditions and exclusions detailed in the policy w ording which you will be receiving and we draw your attention to the exclusion of all pre -existing conditions, vascular, cardiovascular and cerebro vascular diseases for all passengers over 69?		
5. Do you request that we issue this policy for you?		

### Banking details

Bank	: nedbank	Number	: 1452034923
Name	: santam limited - tic	Branch Code	: 145 209

### Contact details

Name	: Alethea Venter	Telephone	: 0860 100 484
E-Mail	: Aletheav@tic.co.za	Fax	: 27 (0)11 521 4413
RETURN TO	: +27 (0)11 521 4413		

