



### TRAVEL ASSISTANCE APPLICATION FORM

#### 1 Main Applicant's Details

Title	Given Name		
surname	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	
Nationality	Passport No.		

#### 2 Main Applicant's Address

Physical Address			Contact Numbers		
P O Box	Telephone	Fax	Mobile		
Building	Street				
City	E-mail				

#### 3 Additional Dependents (All children should be aged 18 & below)

1st dependent	Title	Given Name		
	Surname	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	
	Nationality	Relationship	<input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter	Passport No.
2nd dependent	Title	Given Name		
	Surname	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	
	Nationality	Relationship	<input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter	Passport No.
3rd dependent	Title	Given Name		
	Surname	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	
	Nationality	Relationship	<input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter	Passport No.

#### 4 Type of Plan & Trip Details ( Please your plan and area of cover)

<input type="radio"/> Gold Zone 1	Worldwide excluding usual country of residence, USA, Canada & Australia	Please <input checked="" type="checkbox"/> the purpose of your destination								
<input type="radio"/> Gold Zone 2	Worldwide excluding usual country of residence	Business	Vacation	Tourism	Treatment	other				
<input type="radio"/> Platinum	Worldwide excluding usual country of residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Trip duration	<input checked="" type="checkbox"/> 7 days	<input type="checkbox"/> 10 days	<input type="checkbox"/> 15 days	<input type="checkbox"/> 21 days	<input type="checkbox"/> 31 days	<input type="checkbox"/> 62 days	<input type="checkbox"/> 92 days	<input type="checkbox"/> 6 months	<input type="checkbox"/> 1year	This application can be either for a single trip if the duration of the trip is from 1 & 92 days, or multiple trips if the duration is from 6 months & one year.
Date of departure										
Date of arrival										
Country of Destination										

#### 5 Declaration

I declare that the information above is true and complete and will form the basis of the contract of Travel Assistance Insurance. I also confirm that I don't have a willing to go abroad for the purpose of receiving medical treatment of whatsoever, and to my best knowledge declare that I will only use this policy in respect of its covered benefits and limits on emergency cases on my trip abroad, according to its terms and conditions.

Name of signatory	Signature	Date
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If the policyholder is a company / corporation, please provide name and designation of signatory and affix company stamp  
Please send a copy of your passport always with this application form

Republic of Yemen

الجمهورية اليمنية

HEAD OFFICE: المركز الرئيسي  
Zubairy St. Al Saeed Commercial Bulding  
Sana'a Yemen (R.Y) P.O. Box : 1883  
Tel :+ 967 -1- 555 555  
Fax :+ 967 -1- 214 012

TAIZ تعز  
P.O Box. 6295  
Tel. (04)215012  
FAX: (04) 215145

ADEN عدن  
P.O Box. 80169  
Tel. (02)222555  
FAX: (02) 240972

HODEIDAH الحديدة  
P.O Box. 3876  
Tel. (03)206485  
FAX: (03) 206486

MUKALLA المكلا  
P.O Box. 50644  
Tel. (05)305051  
FAX: (05) 304845

Ibb إب  
P.O Box. 7456  
Tel. (04)458000  
FAX: (04) 457751

