RegencyNem
Insurance Ghana Limited

TRAVEL INSURANCE POLICY PROPOSAL FORM

1. FIRST NAME _____

2. SURNAME _____

3. DATE OF BIRTH | | | | | | | | | (DD/MM/YYYY) 4. AGE | |

5. PASSPORT NUMBER | | | | | | | | | | 6. NATIONALITY _____

7. PHONE NUMBER _____ 8. EMAIL ADDRESS _____

12. DESTINATION (COUNTRY) _____ 11. TRAVEL DURATION _____

10. DEPARTURE DATE | | | | | | | | | 9. ARRIVAL DATE | | | | | | | | |

PLEASE TICK GEOGRAPHICAL COVERAGE WHERE APPROPRIATE

EUROPE ☐ WORLDWIDE (Worldwide cover excluding the country of residence) ☐

AFRICA ☐ WORLDWIDE 1 (Worldwide cover excluding the country of residence USA, AUSTRALIA, JAPAN, CANADA) ☐

IF TRAVELER IS BELOW 18 YEARS, PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME OF PARENT/GUARDIAN _____

CONTACT PHONE NUMBER _____

Declaration and Authorization

The information and answers given above are true, correct and complete in every detail.

DATE _____ SIGNATURE OF INSURED _____

NB: PLEASE ATTACH A COPY OF YOUR PASSPORT DATAPAGE

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