

Global Travel Cover - Application Form

Please note:

- Before completing this form, carefully read the Global Travel Cover rules detailed overleaf.
- Your application form should be accompanied by proof of payment to HEALTHGUARD International (Pty) Ltd.
- Application forms should reach Cimas at least one working day before your departure.
- All questions must be answered and the application form should be signed by the applicant.
- Completed forms should be delivered or posted to Cimas Head Office or the branch nearest to you (see addresses overleaf).

PERSONS TO BE COVERED BY THIS APPLICATION

(please complete in block capitals)

Are you a Cimas member? YES NO If yes, your membership number

Please list all those beneficiaries who will be travelling, including the applicant if applicable.

	SURNAME	FIRST NAME & OTHER INITIALS	DATE OF BIRTH			COUNTRY OF USUAL RESIDENCE
			DAY	MTH	YEAR	
1.						
2.						
3.						
4.						
5.						

6. If more than five people are to be covered, please tick this box and list the remaining people to be covered in the space provided overleaf.

7. State the countries to be visited

APPLICANT'S DETAILS

8. Contact No (Home) (Work)

9. Employed by 10. Your contact address

11. Mobile No 12. E-mail address

13. Purpose of travel - please read the exclusions before answering this question. HOLIDAY BUSINESS SPORT OTHER
(please specify)

DETAILS OF COVER REQUIRED (N.B. The cover for everyone named on this form must be the same. If any beneficiary named above requires substantially different cover please delete his/her name and submit a separate application for this person. Please read rule 7 before answering this section.)

14. From which date do you wish travel cover to start?

DAY	MTH	YEAR

 N.B. If your start date of cover is within the next 2 days please give a forwarding contact address in question 19.

15. From which date do you wish travel cover to end?

DAY	MTH	YEAR

16. Number of calendar days.

17. Before answering this question please read carefully the Exclusions detailed overleaf, particularly (c).

(a) Do you or any beneficiary named on this application suffer from any condition for which you are on regular medication or for which treatment in the near future could reasonably be foreseen? NO YES If the answer is yes, please disclose the condition.

(Please note that a false declaration will invalidate any cover note that may be issued in terms of the application form.)

If the answer is yes, please disclose the condition

(b) Have you or any beneficiary named on this application been to see your Doctor in the last 30 days prior to the date of this application?

If you need more space, please tick this box and give the additional details in the space provided overleaf.

18. Using the answers given in questions 1 - 7 & 16 above please refer to the tables of Global Travel Cover premiums and calculate the premiums payable on this application. Please note that if any part of your trip will include visits to the U.K., U.S.A., or Canada, then premium table B will apply for the entire trip.

(a) Date funds paid into Healthguard International (Pty) Ltd account

DAY	MTH	YEAR

(b) Amount paid into Healthguard International (Pty) Ltd account

(c) Please indicate mode of payment

(d) Amount payable was calculated using Global Travel Cover premium table A B

GENERAL

19. I wish to collect my cover note from Cimas on OR I wish my cover note to be posted to

APPLICANT'S DECLARATION

I hereby apply for Global Travel Cover for the persons named above and I declare that I have read, understood and agree to be bound by the rules detailed above. I declare that all the information given in this application is true and complete and I agree that any misstatement or omission therein may lead to my cover being declared void by Cimas.

Applicant's Signature) Date