



Application Form

Period of Insurance From: _____ To: _____

Particulars of Insured

Name: _____ Email ID: _____

Date of Birth: _____ (dd/mm/yyyy) Phone No: _____

Travel Destination: _____ Purpose of Visit: _____

Passport Number: _____ CNIC Number: _____

Address: _____

Spouse Name (if accompanying): _____

Date of Birth: _____ (dd/mm/yyyy)

Children (if accompanying):

Name:	Date of Birth: (dd/mm/yyyy)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Name of Beneficiary & Relationship with the Insured:

Geographical Coverage: Worldwide

Jurisdiction: Pakistan

Applicant's Signature

Documents Required:

1. Passport Copy (for all travelers)
2. CNIC Copy (of all adult travelers)