

APPLICATION/PROPOSAL FORM

Period of Insurance (Departure Date): From _____ to: _____

Particulars of Insured

Name: _____ CNIC No: _____

Passport No: _____ Date of Birth: _____ Age: _____

Email Address: _____ Mobile No: _____ Phone No. _____

Address: _____

Travel Destination: _____ Purpose of Visit: _____

Plan Type: _____ Individual / Family: _____

Spouse Name (If accompanying): _____ Passport No: _____ D.O.B _____

Children's Name & D.O.B. (If accompanying):

- 1. _____ D.O.B: _____ Passport No: _____
- 2. _____ D.O.B: _____ Passport No: _____
- 3. _____ D.O.B: _____ Passport No: _____
- 4. _____ D.O.B: _____ Passport No: _____

Name of Beneficiary: _____ CNIC No: _____

Relationship and Address: _____

Declaration:

Jurisdiction

I hereby declare and affirm that the information provided in the Application Form is true to the best of my knowledge, I am sound health. I am neither traveling against the advice of my medical practitioner nor am I traveling the purpose of making a claim under this policy. All terms & conditions and as well as the exclusions are available at the Crescent Star Insurance Limited's website: <http://www.cstarinsurance.com>

I have read and accept the policy wording.

Insured's Signature

Authorized Signature

On Behalf of
Crescent Star Insurance Limited