

PROMOTED BY



Overseas Travel and Residence

Last Name: _____ First Name: _____
Please Print

Date of Birth: _____ Policy/Application Number: _____

1. What is the main reason for traveling or residing overseas?

☐ Holiday

☐ Business

2. Please provide details of travel plans for the next 12 months (including a copy of your itinerary if available).

Countries	Cities or towns	Date arriving	Date departing	Visa Type

3. Please provide details of travel that you have taken over the last 12 months.

Countries	Cities or towns	Date arriving	Date departing	Visa Type

4. Please advise your place of birth:

5. Please advise your nationality (if more than one nationality, advise all):

6. Please provide details of any assets or real property owned or controlled by you in any of the countries that you plan to visit or reside:

7. If you plan to reside in any country for longer than 21 days, please provide the following details:

a) Type of residence (e.g. apartment, house, hotel, secured compound, temporary shelter etc.)

b) Address (including street name and number, city, postal code/Zip, country):

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c) Medical facilities (distance to nearest doctor and hospital):

8. If your travel is for business purposes, please provide the following details:

a) Name of Business:

b) Nature of Business:

c) Your duties and responsibilities:

d) Date of commencement:

e) Annual remuneration:

h) Mode of travel within the country (e.g. public or private transport, private aircraft etc.):

l) Safety precautions taken by employer:

j) Are you engaged under the terms of a contract or agreement? If yes, please provide full details including, commencement date and duration etc.
(please also include a copy of this contract or agreement if available):

9. Please provide any additional information that you feel is important:

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

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Name

Signature

Date