

APPLICATION FORM
TRAVEL INSURANCE - GOSECURE

Issued at (City) _____ Policy Issue Date: _____

Departure Date: _____ Expiry Date: _____

Duration: _____

Name of Insured: _____

CNIC # _____ Passport Number: _____

Date of Birth (dd/mm/yy): _____ Contact No: _____

Address: _____

_____ Email ID: _____

Purpose of Visit: Holiday Leisure Business Official Professional Educational Pilgrimage

Destination: SCHENGEN STATES Other Country: _____

Beneficiary _____ Relationship: _____

Contact No: _____ Address: _____

Individual Policy Family Policy

Spouse's Name: _____ D.O.B: _____ Passport No: _____

Child No.1: _____ D.O.B: _____ Passport No: _____

Child No.2: _____ D.O.B: _____ Passport No: _____

Child No.3: _____ D.O.B: _____ Passport No: _____

Child No.4: _____ D.O.B: _____ Passport No: _____

Trip Type:

Single Trip Multi-Trip

Plan Selected: Elite Bliss Schengen Delight Schengen Basic Care

Premium in PKR.

Important Note:

- Family policy includes on insured person, spouse aged up to 65 years and unlimited children below the age of 18 year.
- Please refer to the terms & condition for details provided in the policy wording
- Premium amount are inclusive of all applicable taxes and stamp duty

Insured's Signature

Authorized Signature
on behalf of
Adamjee Insurance Company Limited.