

**APPLICATION FORM**  
**TRAVEL INSURANCE - PILGRIM PLAN**

**Applicant's Details:**

Name: \_\_\_\_\_ CNIC Number: \_\_\_\_\_

CNIC Issue Date: \_\_\_\_\_ CNIC Expiry Date: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Source of Income: Self-Employed  Salaried  Others (mention) \_\_\_\_\_

**Policy Particulars:**

Individual Policy  Family Policy

Departure Date: \_\_\_\_\_ Trip Duration (in days): \_\_\_\_\_

Destination: Saudi Arabia  Iran  Iraq

Single Trip  Multi-Trip

Premium (in PKR)  Premium amount is inclusive of all applicable taxes and stamp duty.

**Beneficiary Details:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

CNIC Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

**Family Details (in case of Family Policy only):**

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: \_\_\_\_\_  
Child No.5: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Passport No: \_\_\_\_\_  
Child No.6: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Passport No: \_\_\_\_\_

**Brief Terms & Conditions:**

- Maximum 60 days per trip are covered in Annual Multi-Trip plans.
- Family policy includes an insured person with a spouse aged up to 64 years and unlimited children up to 17 years.
- This Travel Insurance Policy is not valid in the country where the insured is a national of (has a citizenship).
- This Travel Insurance Policy is not valid in the country where the insured has a permanent resident status declared by Govt.
- This Travel Insurance Policy is only valid when the insured's departure is from Pakistan on or after the policy start date.
- Medical treatment related to any pre-existing condition, cancer or pregnancy fall under exclusion and is not covered.

**Important Note:**

Please refer to complete policy wording for in-depth understanding of policy conditions and exclusions.

**Undertaking:**

I/We declare and confirm that I/we have read/been read before me above provided details and these are accurate/correct in all respects. In case of any change therein, I am bound to update our customer record and inform AICL thereof.

\_\_\_\_\_  
Applicant's Signature/Thumb Impression with Date

\_\_\_\_\_  
Adamjee Insurance Company Limited