



VANGUARD ASSURANCE COMPANY LIMITED

No. 47 INDEPENDENCE AVENUE
P.O. BOX 1868, ACCRA.
Tel: 030 266 6485/6/7, Fax 030 266 8610
email: vacmail@vanguardassurance.com

FOREIGN TRAVEL INSURANCE - APPLICATION FORM

1. DETAILS OF PRINCIPAL INSURED PERSON

THE AGE LIMIT IS 71 YEARS

Name _____
Address _____
Occupation _____
Date of Birth _____ Tel No. _____
Inception Date _____ Expiry Date _____
Destination _____ Destination Tel. No & Address _____
Passport No. _____

2. DETAILS OF ALL ADDITIONAL INSURED PERSONS

Name	Date of Birth	Age	Relationship	Passport No.
a.				
b.				
c.				
d.				

3. NAME OF BENEFICIARY (IES)

Name	Age	Relationship	Address
a.			
b.			
c.			
d.			

4. DECLARATION

To the best of my knowledge, all the above insured persons are in good physical and mental health, and free from physical defects or infirmity. I am not aware of any reason for any proposed journey/holiday to be cancelled or curtailed and I have not withheld any material facts. I understand that non disclosure or misrepresentation of a material fact will entitle the underwriters to void the insurance.

Signature of Applicant _____ Date _____

5. TOTAL PREMIUM _____ **AGENCY** _____