



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):

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:

f) Details of health care arrangements and plans or procedures in case of major illness or injury:

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

h) Safety precautions taken by employer:

i) 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).

Name:

Signature:

Date: