

Application Form

General Questions

Proposed Insured's Name:

(Please use capital letters)

Birth Date: ____ / ____ / ____ Gender: Male Female Passport no: _____

Address: _____

Phone Number: _____ Email Address: _____

ID Number: _____ Social Security Number: _____

Status: Single Married Divorced Others

Occupation: _____ Are you a retiree? Yes No

Personal Details

Name of Beneficiary : _____

Bank Account : (or ID number for confirmation only) _____

Name and Address of beneficiary's bank :

Employee: Yes No

Plan Choice:

Spouse: Yes No

Plan Choice:

Children: Yes No

Plan Choice:

PLAN A

Starting from \$25 per week**
(prices excl. VAT, activation fees apply)
See more details on page 17

PLAN B **JOIN NOW !**

Starting from THB \$21 per week **
(prices excl. VAT.)
See more details on page 17

The Policy

Units _____ Annual Premium: _____

Payment Mode: Annual Semi-Annual Monthly PAT (complete PAT card)

Cash with Application: \$ _____

Planned modal premium: \$ _____

Terms & Conditions

Improvement should be measured regularly and assessed in order for you to know what's beneficial and what is not. This will help you set new targets.

Signature:

x

Date: _____