

SECURE TRAVEL Application Form

Premium Rs. : _____

Duration : _____

Destination: _____

Plan Selected:

Shaheen Normal Plan Shaheen Family Plan Shaheen Student Plan

Insured's First Name: _____ Last Name: _____

Address: _____

Phone # _____ E-mail: _____

Date of Birth: _____ C.N.I.C # _____

Passport # _____ Dep. Date: _____

Type of Plan: Individual Family

Spouse Name: _____ Date of Birth: _____

1. Child's Name: _____ Date of Birth: _____

2. Child's Name: _____ Date of Birth: _____

3. Child's Name: _____ Date of Birth: _____

Declaration:

The above information is true and correct to the best of my knowledge and belief.

Insured's Signature

Date

✓ **Please provide copy of passport along-with the filled form.**