Application Form

General Questions	
Proposed Insured's Name: (Please use capital letters)	
Birth Date: / / Gender: Male	Female Passport no:
Phone Number: Emo	il Address:
ID Number: Social Se	curity Number:
Status: Single Married Devorced O	rhers
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 Spouse: Yes Plan Choice: Plan Choice:	Children: Yes No
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 Ann	ual Premium:
Payment Mode: Annual Semi-Annual	Monthly PAT (complete PAT card)
Cash with Application: \$	
Planned modal premium: \$	
Terms & Conditions	Signature:
Improvement should be measured regularly and assessed in for you to know what's beneficial and what is not. This will h	
set new targets.	

Date: .