

askari general insurance company limited
4th Floor, AWT Plaza, The Mall, Rawalpindi.
Telephone No. 9272425-7, Fax No. 9272424

askari travel
Application Form

Insured's Name _____

Date of birth Day Month Year

CNIC Number

Passport Number _____

Address _____

Tel No _____

Spouse Name _____

Date of birth Day Month Year

Passport Number _____

1. Child Name _____

Date of birth Day Month Year

2. Child Name _____

Date of birth Day Month Year

Destination Address _____

Name of Beneficiary _____

Relationship _____

Address _____

Contact No _____

Plan Selection

Individual
Family

Single trip
Multi trip

Schengen
Silver
Gold
Platinum

Policy Effective date_____ Expiry Date_____

Premium Amount (PKR) _____

Mode of payment Cheque Cash

Date_____

Signature of the insured person

I hereby declare that answers given above are in every respect true and correct, and that I have not with-held any information within my knowledge likely to affect the decision of the company as to my eligibility for this Cover.