

APPLICATION FORM THE HERITAGE TRAVELLER

1. Full Names:

2. Postal Contact:

3. Cell phone Number

4. Landline Number:

5. Email:

6. Date of Birth:

7. Passport Number:

8. Country (ies) of Travel:

9. Dates of Travel:

FROM:

TO:

10. Mode of Travel:

11. Reason for Travel:

12. Next of Kin:

Relationship:

13. Telephone Contact of Next of Kin:

14. Has any insurer declined to insure, renew or offered insurance at increased terms for the contingencies covered under this policy?

15. Are you currently undergoing any medical treatment?

Please give details of the treatment

SIGNED:

The Heritage Insurance Company Ltd

CfC House, Mamlaka Road PO Box 30390-00100, Nairobi, Kenya
t 254 20 278 3000 m 0711 039 000, 0734 101 000 f 254 20 272 7800
e info@heritage.co.ke w www.heritageinsurance.co.ke
A member of the Association of Kenya Insurers