



CELL INSURANCE
COMPANY (PVT) LTD

5th Floor Finsure House
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P.O. Box A1727 Avondale
Harare, Zimbabwe
Tel: +263 4 793397, 793369
Fax: +263 4 790361
E-mail: honeybees@cellholdings.com
www.cellinsurance.co.zw

Return to: _____

Agency : _____

Fax: _____

Note: This application form must be used in conjunction with a product brochure to determine the product and plan you require. PS: Purchase your travel insurance before departure. Medical Insurance is of paramount importance, please choose the correct cover. If in doubt obtain advice from us about which cover is best suited to your needs.

How did you get to know us - Print Advert / Referral / Word of Mouth / Exhibition / Radio / Facebook / or specify

Travel Insurance Application Form:

Requested by: _____ Tel / Cell: _____

Insured Persons:

| Surname | Title | Initials | Date of Birth | Tel/Cell | E-mail |
|---------|-------|----------|---------------|----------|--------|
| 1 | | | YYYY/MM/DD | | |
| 2 | | | YYYY/MM/DD | | |
| 3 | | | YYYY/MM/DD | | |

Itinerary:

| Departure Date | Return Date | No. Of Travel Days | Destination Continent |
|----------------|-------------|--------------------|-----------------------|
| YYYY/MM/DD | YYYY/MM/DD | | |
| YYYY/MM/DD | YYYY/MM/DD | | |
| YYYY/MM/DD | YYYY/MM/DD | | |

Desired Product Selection:

| | Product | Plan | Luggage Option |
|---|---------|------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Payment Options:

I _____ (Name) hereby authorise Cell Insurance Company (Pvt.) Ltd to deduct the outstanding amount from my credit card.

| Card Number | Bank | Expiry Date | Security Code |
|-------------|------|-------------|---------------|
| | | | |

I will make payment arrangements with the issuing agent.

Declaration:

- I/We are not aware of any circumstances likely to lead to the cancellation of the journey. Nor have I/we withheld any information likely to affect the acceptance of this insurance and I/We will notify the Cell Insurance Company of any change in circumstances or health occurring prior to departure.
- I/We declare that all persons are in a good state of health and fit to travel.
- I/We accept the limits of liability chosen

Signature: _____ Date: YYYY / MM / DD

