

Application Form

General Questions

Proposed Insured's Name:
(Please use capital letters)

[illegible]

Birth Date: / / Gender: ☐ Male ☐ Female Passport no: _____

Address: _____

Phone Number: _____ Email Address: _____

ID Number: _____ Social Security Number: _____

Status: ☐ Single ☐ Married ☐ Divorced ☐ Others

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
Plan Choice:

Spouse: ☐ Yes ☐ No

Plan Choice:

Children: ☐ Yes ☐ No

Plan Choice:

● 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 _____ Annual Premium: _____

Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Monthly PAT (complete PAT card)

Cash with Application: \$_____

Planned modal premium: \$

Terms & Conditions

Improvement should be measured regularly and assessed in order for you to know what's beneficial and what is not. This will help you set new targets.

Signature:

Date: _____