

TRAVEL INSURANCE PROPOSAL

Date :

PROPOSER

NAME

FATHER'S NAME

PASSPORT NO. / N.R.C NO.

PERMANENT ADDRESS

JOURNEY FROM TO

PERIOD FROM TO

BENEFIT KYATS.....

PREMIUM KYATS

BENEFICIARY

NAME

RELATIONSHIP

FATHER'S NAME

PASSPORT NO. / N.R.C NO.

PERMANENT ADDRESS

.....
SIGNATURE