



## APPLICATION/REFERRAL FORM

GKVR Loyalty Card Number : \_\_\_\_\_

Type of Cover: Are you the sender?  or Are you the receiver?

### DETAILS OF THE PERSON PURCHASING REMITCARE PLAN

Full Name : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First Name / Middle Name / Last Name)

TRN : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Date of Birth : M:  D:  Y:  Sex : M:  F:

Contact Number : H: \_\_\_\_\_ M: \_\_\_\_\_ W: \_\_\_\_\_

Please confirm if you are the sender or receiver  Sender  Receiver

### DETAILS OF THE PERSON BEING COVERED

(NB: If you are the person sending the money/remittance, this section is for your information)

Full Name : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First Name / Middle Name / Last Name)

TRN or SSN : \_\_\_\_\_

Mailing Address : \_\_\_\_\_  
\_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Birth : M:  D:  Y:  Sex : M:  F:

Contact Number : \_\_\_\_\_

What is this person's relationship to you:

Self  Mother  Father  Spouse  Brother  Sister  Son  Daughter  
Other \_\_\_\_\_

Has the person being covered ever had any personal accident and/or sickness insurance declined or cancelled or renewal refused?  Y:  N:

### DETAILS OF BENEFICIARY

(NB: If you are the person receiving the money/remittance, this section is for your information)

Full Name : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First Name / Middle Name / Last Name)

TRN or SSN : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Birth : M:  D:  Y:  Sex : M:  F:

Contact Number : H: \_\_\_\_\_ M: \_\_\_\_\_ W: \_\_\_\_\_

What is this person's relationship to you:

Self  Mother  Father  Spouse  Brother  Sister  Son  Daughter  
Other \_\_\_\_\_

Should we advise beneficiary of policy? Y:  N:

NB: If you select no, it would be your responsibility to advise the beneficiary, that this policy is in effect.

### YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty under the Law to disclose to Us every matter that you know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to Us before you renew, extend, vary or reinstate a contract of insurance.

If you fail to comply with your duty of disclosure, We may be entitled to reduce Our liability under the contract in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, We may also have the option of voiding the policy from its beginning. It is therefore vital that you make sufficient enquiries BEFORE you complete your application form and BEFORE you sign any declaration for the information given.

I hereby consent to the sharing of my information with the insurer or between the insurer and GKMS for insurance processing or claim settlement provided that such information will be treated as confidential and will not be shared with any third party without my written consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_