



NAME		
FIRST NAME		
DATE OF BIRTH		APPLICATION OR POLICY NUMBER
D	M	Y

FOREIGN TRAVELLING QUESTIONNAIRE

1. Travels made in the last five (5) years: *Write on the back if insufficient space.*

Country: _____ City (area): _____ Date: _____ Duration of travel: _____

Country: _____ City (area): _____ Date: _____ Duration of travel: _____

Country: _____ City (area): _____ Date: _____ Duration of travel: _____

Country: _____ City (area): _____ Date: _____ Duration of travel: _____

Country: _____ City (area): _____ Date: _____ Duration of travel: _____

2. Reason for travel and tasks or employment at these places: _____

3. To what frequency do you travel? _____

4. Future travels planned: *Write on the back if insufficient space.*

Country: _____ City (area): _____ Date: _____ Duration: _____ Reason: _____

Country: _____ City (area): _____ Date: _____ Duration: _____ Reason: _____

Country: _____ City (area): _____ Date: _____ Duration: _____ Reason: _____

Country: _____ City (area): _____ Date: _____ Duration: _____ Reason: _____

Country: _____ City (area): _____ Date: _____ Duration: _____ Reason: _____

5. Birthplace: _____ **Citizenship:** _____

6. Permanent home country: _____

7. Additional information: _____

If your application is not approved standard do you wish:

a rating

an exclusion

I declare the information above is true and complete and that it will form part of my insurance application with **UL Mutual**.

X _____ X _____

SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X _____

WITNESS DATE