

Application Form

Particulars of Insured (Parents or Legal Guardians)

Full Name:

Address:

Relationship: **ID N°:**

Date of Birth: **Gender:** Male Female

Phone N°:

Breadwinner: Yes No

Full Name:

Address:

Relationship: **ID N°:**

Date of Birth: **Gender:** Male Female

Phone N°:

Breadwinner: Yes No

Particulars of Insured Person (Child)

Full Name:

Date of Birth: **Gender:** Male Female

Student ID: **National ID N°:**

Phone N°: **Year of education:**

Address:

I declare that all the information supplied above is true and correct and I hereby agree that this Application and Declaration shall be held as promissory and shall be the basis of the Contract between me/Policyholder and Forte Insurance (Cambodia) Plc. And I understand that any false, incorrect misleading statements may render this application null and void.

Date:

Signature: