

Broker / Agent stamp

Pacific Prime International

StudentCare

Please complete Application Form in English

details of insured

Insured's name (as shown in passport) given family nationality

Date of birth / / sex male female

Home country address

Are you a permanent resident in your country of study? yes no

Do you have a current student visa? yes no

Visa number attending school

Address in country of study

Telephone private mobile

Email

details of other person/s to be insured

Spouse/partner name date of birth / /

Dependant children names date of birth / /

date of birth / /

personal belongings

Personal belongings are automatically covered up to £3,000 or US\$/€5,000 with an individual item limit of £960 or US\$/€1,500 for each individual item and any attached or unattached accessories.

Do you wish to "specify" any item valued at more than £960 or US\$/€1,500? Example: laptop computer/ yes no

To calculate specified item premium, multiply total specified item amount by 0.015. Specified item premium (if applicable) \$

List specified items (including serial numbers)
(attach separate page if necessary)

pre-existing
medical
conditions

Have any of the persons applying for cover seen a Doctor or had treatment or symptoms for any medical or dental condition within the last year whether diagnosed or not?

Yes No If yes please give details:

Attach additional information or a separate sheet, if necessary

insured
details

Period of cover required start date dd / mm / yy number of months
Cost of cover £ € US\$

payment
options

1. Credit Card

Please debit amount £ € US\$
to my visa amex diners mastercard other (details)
Card holder's name _____
Card number
Signature _____
expiry date dd / mm / yy
date dd / mm / yy
Amount

2. Bank Cheque or Money Order made payable to InterGlobal Limited

3. Website - www.studentcare.biz (application form and secure credit card)

4. Telegraphic Transfer - from your bank to ours - please note: InterGlobal will not be liable for any bank charges.

HSBC bank, No 1 Queen Street, Auckland, New Zealand. GB Pound Ref: 004-005575-911 Euro Ref: 004-005575-912 USD Ref: 004-005575-910

please read
& sign

I hereby apply for enrolment in the InterGlobal Limited StudentCare Plan and I agree to be bound to the terms and conditions of the policy. I declare that to the best of my knowledge and belief that the information given in the application form, medical declaration and credit card authorisation form is true and complete.

I acknowledge the StudentCare Plan does not cover pre-existing conditions.

I give authorisation for any person, hospital or institution to release information, (including medical information) to Insurer or their Representatives.

I agree to provide the Insurer or their Representatives any relevant information regarding current or past claims and to the Insurer or their Representatives releasing claims information to any other party including insurance coverage details that may be required to ensure your compliance within your intended country of study.

Signature of Insured: _____

date: dd / mm / yy

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