Application Form – Aounak Health Insurance Plan

For Daman Use Only

Policy Reference Number: Commencement Date: (date/month/year):

Member Reference Number:

Member's Information

First Name: Middle Name: Family Name:

Occupation:

Gender: ☐ Male ☐ Female

Nationality: Date of Birth (day/month/year): Weight (kg): Height (cm):

Employer:

Passport Number: Phone Number: Mobile Number:

Fax Number: Email:

Mailing Address:

Street: City: P.O. Box:

Requirements of Handicapped applicants

Passport copy	☐ Yes	☐ N/A
Residence visa copy	☐ Yes	☐ N/A
People of determination health card or certificate	☐ Yes	☐ N/A
One photo	☐ Yes	☐ N/A

Requirements of Orphans applicants

Passport copy	☐ Yes	☐ N/A
Residence visa copy	☐ Yes	☐ N/A
Certificate from governmental charity	☐ Yes	☐ N/A
One photo	☐ Yes	☐ N/A

Notes

Date: Signature: