



F & I Botswana

Plot 165, Unit 12, Capricorn House
Pilane Road, Main Mall, Gaborone
P O Box 45446, Riverwalk
Gaborone, Botswana
Tel: (+267) 393 62 23
E-mail: info@fibb.co.bw

TRAVEL INSURANCE PROPOSAL FORM

Title (Mr/Mrs/Miss/Ms/Dr) _____ Surname _____

First Name(s) _____

Date of Birth _____ Passport Number _____

Nationality _____

Physical Address _____

Email Address _____

Contact Numbers **Work** _____ **Res** _____ **Mobile** _____

Departure Date _____ Return Date _____

Destination _____

Beneficiary _____

Name of Doctor _____ Tel No. of Dr _____

ADDITIONAL MEMBERS INFORMATION:

| FULL NAMES | DATE OF BIRTH | IDENTITY NO. | NATIONALITY |
|------------|---------------|--------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Signature

Date

UNDERWRITTEN BY:

