Application Form for EUROMED SERIES

POLICY HOLDER:……..……..…… *Period Of Insurance* *From Date:* / /

To Date: / /

POLICY HOLDER / DEPENDENT(S) DATA							TARIFF (please tick)			
Serial No.	Surname First Name(s)	Nationality	Sex		Date Of Birth	Relationship	SILVER	GOLD	DIAMOND	PLATINIUM
			M	*F*			*(Sum insured AED100,000)*	*(Sum insured AED250,000)*	*(Sum insured AED500,000)*	*(Sum insured AED1 Million)*

Option for Platinium : *Including USA / Canada*

Excluding USA / Canada

Place:…….

Date:…….

Signature:……..

Address:……

…….

Tel / Mobile No……

Fax:……..

E-mail Id:……..……..

Note: *Please enclose individual passport size color photograph*

All members of the family to be covered

Same plan has to be opted by all members of the family

New India Assurance Co. Ltd. P.O. Box:5701, Rais Hassan Saadi Building, Bur Dubai, Dubai

Tel: 04 3525563, 3525539, Fax: 04 3518544, e-mail: newindia@nia-dubai.com, Website: www.niacl.com