**DOMESTIC HEALTH & TRAVEL INSURANCE**

**APPLICATION FORM**

|  |  |
| --- | --- |
| **INSURED DETAILS** |  |
| NAME/SURNAME (as per passport) | :............................................................ |
| ADRESS IN YOUR HOME COUNTRY | :............................................................ |
| DATE OF BIRTH | :............................................................ |
| PASSPORT NUMBER | :............................................................ |
| NATIONALITY | :............................................................ |
| TELEPHONE | :............................................................ |
| E-MAIL ADDRESS | :............................................................ |
| NAME OF THE UNIVERSITY IN TURKEY | :............................................................ |
| YOUR FATHER’S NAME/SURNAME | :………………………………………………………… |
| GENDER (MALE/FEMALE) |  |
| **DOMESTIC HEALTH & TRAVEL INSURANCE** |  |
| POLICY INCEPTION DATE | :............................................................ |
| POLICY EXPIRY DATE | :............................................................ |
|  |  |
| **PAYMENT DETAILS** |  |
| CREDIT CARD NUMBER | : \_ \_ \_ \_ /\_ \_ \_ \_ /\_ \_ \_ \_ /\_ \_ \_ \_ |
| EXPIRY DATE | : \_ \_ /\_ \_ |
|  |  |
| DATE | : \_ \_ / \_ \_ / \_ \_ \_ \_ |
| SIGNATURE |  |