

NAME		
FIRST NAME		
DATE OF BIRTH		APPLICATION OR POLICY NUMBER
D	M	Y

### FOREIGN TRAVELLING QUESTIONNAIRE

**1. Travels made in the last five (5) years: *Write on the back if insufficient space.***

Country: \_\_\_\_\_ City (area): \_\_\_\_\_ Date: \_\_\_\_\_ Duration of travel: \_\_\_\_\_

Country: \_\_\_\_\_ City (area): \_\_\_\_\_ Date: \_\_\_\_\_ Duration of travel: \_\_\_\_\_

Country: \_\_\_\_\_ City (area): \_\_\_\_\_ Date: \_\_\_\_\_ Duration of travel: \_\_\_\_\_

Country: \_\_\_\_\_ City (area): \_\_\_\_\_ Date: \_\_\_\_\_ Duration of travel: \_\_\_\_\_

Country: \_\_\_\_\_ City (area): \_\_\_\_\_ Date: \_\_\_\_\_ Duration of travel: \_\_\_\_\_

**2. Reason for travel and tasks or employment at these places:** \_\_\_\_\_

\_\_\_\_\_

**3. To what frequency do you travel?** \_\_\_\_\_

**4. Future travels planned: *Write on the back if insufficient space.***

Country: \_\_\_\_\_ City (area): \_\_\_\_\_ Date: \_\_\_\_\_ Duration: \_\_\_\_\_ Reason: \_\_\_\_\_

Country: \_\_\_\_\_ City (area): \_\_\_\_\_ Date: \_\_\_\_\_ Duration: \_\_\_\_\_ Reason: \_\_\_\_\_

Country: \_\_\_\_\_ City (area): \_\_\_\_\_ Date: \_\_\_\_\_ Duration: \_\_\_\_\_ Reason: \_\_\_\_\_

Country: \_\_\_\_\_ City (area): \_\_\_\_\_ Date: \_\_\_\_\_ Duration: \_\_\_\_\_ Reason: \_\_\_\_\_

Country: \_\_\_\_\_ City (area): \_\_\_\_\_ Date: \_\_\_\_\_ Duration: \_\_\_\_\_ Reason: \_\_\_\_\_

**5. Birthplace:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**6. Permanent home country:** \_\_\_\_\_

**7. Additional information:** \_\_\_\_\_

**If your application is not approved standard do you wish:**

a rating

an exclusion

I declare the information above is true and complete and that it will form part of my insurance application with **UL Mutual**.

X \_\_\_\_\_ X \_\_\_\_\_

SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X \_\_\_\_\_

WITNESS DATE