

APPLICATION FOR GROUP INSURANCE IN CASE OF ACCIDENT

I, the undersigned:

Mrs.

Ms

Mr.

* TICK THE APPROPRIATE BOX

FAMILY NAME

First Name(s)

Date of Birth

Full Address

.....

.....

having taken note of the proposed insurance solution, herewith subscribe to the following category of insurance:

* **Category** **I II III IV V VI VII**

* **CIRCLE YOUR CHOICE OF INSURANCE CATEGORY**

Date

Signature

Please send all correspondance to :
CPIC
51, rue du Stand - CH-1204 GENEVA
January 2021