HEALTH INSURANCE APPLICATION FORM

REGENCY for expats

Policy Holder / Main Insured Details

Name	Title	First Name(s)	Last Name
Telephone (at least one required)	Area Code / Business No.	Area Code / Home No.	Area Code / Mobile No.
Address			
Country of Residence		Email	
Nationality		Passport/I.D. No.	
Gender	Male	Female	Date of Birth (dd / mm / yyyy)

Additional Insured Person(s) Details

Insured 2:

Name	Title	First Name(s)	Last Name	Date of Birth	dd / mm / yyyy
Gender	Male	Female		Nationality	

Insured 3:

Name	Title	First Name(s)	Last Name	Date of Birth	dd / mm / yyyy
Gender	Male	Female		Nationality	

Insured 4:

Name	Title	First Name(s)	Last Name	Date of Birth	dd / mm / yyyy
Gender	Male	Female		Nationality	

Coverage Selection

Essential | Major Medical | Standard | Comprehensive | Fully Comprehensive

Start Date (dd / mm / yyyy)

Optional Evacuation Benefits USD 275 per person

Optional 20% Co-insurance

info@regencyforexpats.com
www.regencyforexpats.com

Annual Premium Payment Options

Please select how you want to pay	Visa		MasterCard	

Credit Card Details

Credit Card Number		Expiry	
Name on Card		CVC	

Use of Personal Data Policy

Regency for Expats only collects personal data that it believes is relevant in connection with your Regency for Expats cover. Failure to supply personal data requested on this form may result in Regency for Expats being unable to provide or continue to provide client management services and/or related services or products which Regency for Expats may from time to time offer or provide, or to comply with applicable laws or guidelines issued by applicable regulatory authorities.

For the purposes of administering your Regency for Expats cover and our business relationship with you, Regency for Expats shares your personal data with its employees, auditors, contractors and consultants and other parties, including its parent and affiliated companies who require such information for those purposes. These include third parties that provide services to us or on our behalf and third parties that collaborate with Regency for Expats in the provision of services to you.

If you wish to update, access or correct your personal data collected by Regency for Expats, or otherwise have questions about Regency for Expats' data protection policies and procedures, you may make such request at any time, with your name and contact number to our Chief Compliance Officer.

Declaration

I/We declare that all information provided in this application form, including this declaration and any supporting documentation are complete and true to the best of my/our knowledge and belief.

I/We understand that I/We have the right to cancel and obtain a refund of any premium under the terms of the "Cooling-Off" period.

I/We understand that in the event of any doubt about the content of any documents provided by Regency for Expats or the terms of any insurance provided by Regency for Expats I/We should obtain independent professional advice prior to the completion of this application form.

Name	First Name(s)	Last Name	
Signature		Date	