

Residence and Travel Questionnaire

Full Name:

1. Please provide details of your current residency and your residency status including information of length of stay by visa etc, if appropriate.

2. Please provide details of your previous residence and travel during the last 5 years (excluding holidays of less than 4 weeks) :

Date of stay	Country and region of residence	Reason for visiting	Frequency (number of trips per year)	Duration of each stay
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3. Please provide details of your future residence and travel intentions during the next 5 years (excluding holidays of less than 4 weeks) :

Date of stay	Country and region of residence	Reason for visiting	Frequency (number of trips per year)	Duration of each stay
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4. Please provide a brief description of your occupational duties and/ or any other activities you will participate in whilst travelling or residing abroad.

5. Do you expect to spend the majority of your time in major / large cities? If **NO**, please provide the name of the town/region and details of your likely accommodation, availability of medical facilities and your internal travel arrangements (e.g. light aircraft, boat etc.) : Yes No

6. Please give details of any medical treatment or surgery you have received whilst resident overseas:

7. Please provide any additional information on your residence and travel which you feel may be helpful in processing your application.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature

Date