

DECLARATION OF INTERNATIONAL TRAVEL DAYS

Date

Member Number

Name of Insured Company **TopMed Medical Scheme**

*Member Option

Policy Number **TACT 3337/1**

*Cover is applicable on all options except **TopMed Network**.*

INSURED PERSON

Surname Title

Full Name(s) Initials

Identity/Passport Number Date of birth

Country of Origin

Cellphone Number

Telephone (home) Fax Number

Email Address

Departure Date

Return Date

Type of Travel

Place of Destination

PERSON TO BE CONTACTED IN THE EVENT OF AN EMERGENCY

Name and Surname

Telephone

Cellphone Number

NAME OF DOCTOR IN SOUTH AFRICA

Name

Telephone

Return application to :

Telephone Number: 0860 002 158
 Fax Number: 086 762 4050
 Email Address: info@topmedms.co.za

Important Note :

Please read through the business travel insurance policy, which states terms, conditions and exclusions on our website www.topmed.co.za. Each traveler needs to complete a form.

Signature of Applicant _____

Date