TRAVEL INSURANCE APPLICATION FORM

A. The Insured's information The Applicant Correspondent address Telephone Fax No. Business license No. Tax code Business field **B.** Insurance Coverage Number of insured persons to (as per the list attached) be covered The Tour ■ Domestic Coverage ■ International Outbound ■ Inbound From:hour.....min., date......month.....year..... Insurance period To:min., date.....month....year Sum insured for person □ 10 million ■ 40 million □ 70 million □ 100 million (Unit: VND) □ 20 million □ 50 million ■ 80 million □ 200 million □ 30 million ☐ 60 million ■ 90 million Other..... Sum insured for luggage (Unit: VND) Total sum insured Total sum insured in words C. Mode of Payment ☐ Bank transfer ☐ Cash at the Company ☐ Cash via Agent or Sales staff D. Language of the Policy □ Vietnamese ☐ English E. Declaration (1) We hereby declare that the statements made by us in the Application Form are complete and true to the best of our knowledge and belief, and we hereby agree that this Application Form shall form the basis and be part of any Policy of Policies issued in connection with the above risk or risks. The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration. (2) According to Item a Clause 2 Article 19 of Law on Insurance Business: "An insurer shall have the right to suspend unilaterally the implementation of an insurance contract and to collect the insurance premium up until the time of suspension of implementation of the insurance contract, upon one of the following acts being committed by the purchases of insurance: a) Intentionally providing false information with the aim of entering into an insurance contract in order to be paid insurance proceeds indemnity;" (3) The Insurance Policy is valid subject to the Insurer's agreement Signature & Company Stamp Date (dd/mm/yyyy)

For Phu Hung only:

Application type: ☐ Renew ☐ New Channel: Sellers's name/code:

LIST OF INSURED PERSONS TO BE COVERED TRAVEL INSURANCE

Full Name	Address	Gender	Date of birth	ID No./ Passport No.	Nationality	Remark

Full Name	Address	Gender	Date of birth	Passport No.	Nationality	Remark				
Total insured pe	ersons to be cover	rod:	I							
	ersons to be cover	eu.								
The Tour:										
			APPLICANT							
		(Signature & Company Stamp)								

For Phu Hung only: Application type: ☐ Renew ☐ New Channel:

Sellers' s name/ code: