

Fax: 04 324 4638

To: HSBC Insurance Brokers Limited

Please arrange to enrol

Me

My Family

in the Family Shield Plan \_\_\_\_\_

for AED \_\_\_\_\_  per month

per annum

underwritten by American Life Insurance Company  
(General Insurance Division).

Application Date (DD/MM/YY):

Name: Mr/Mrs. \_\_\_\_\_

Date of Birth (DD/MM/YY):

Nationality: \_\_\_\_\_

Credit Card No.

Expiry Date (MM/YY):

Address: \_\_\_\_\_

P.O.Box: \_\_\_\_\_ Emirate: \_\_\_\_\_

Off./Res. Tel.: \_\_\_\_\_

Mobile: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Date of Birth (DD/MM/YY):

Child Name (1) \_\_\_\_\_

Date of Birth (DD/MM/YY):

Child Name (2) \_\_\_\_\_

Date of Birth (DD/MM/YY):

Child Name (3) \_\_\_\_\_

Date of Birth (DD/MM/YY):

Beneficiary Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

*I hereby authorize American Life Insurance Company (General Insurance Division) to collect the premium from my Visa/MasterCard, for the first year and the renewal premium thereafter, details of which are mentioned above.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Branch: \_\_\_\_\_