Fax: 04 324 4638

To: HSBC Insurance Brokers Limited

Please arrange to enrol me in the Travel Protection Plan for AED 239 per annum underwritten by American Life Insurance Company (General Insurance Division).

Name: Mr/Mrs.: _____

Date of Birth: _____

Credit Card No.: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Expiry Date (MM/YY): |_|_|_|_|

Address: _____

_____

P.O. Box: _____ Emirate: _____

Off. / Res. Tel.: _____

Mobile: _____

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

Signature: _____

Date: _____

Staff Name: _____

Branch: _____