



East African Underwriters

A member of  LIBERTY

**East African Underwriters Limited**  
 3<sup>rd</sup> Floor, 99 Buganda Road  
 P.O BOX 22938, Kampala, Uganda  
 (t) +256312246500  
 (e) eaul@eaunderwriters.com  
 (w) [www.eaunderwriters.com](http://www.eaunderwriters.com)

**PROPOSAL FORM-TRAVEL PROTECTION POLICY**

Title	Surname	First Name(s)	Occupation
Full Residential Address:			
Postal Address:			
Telephone Contact No:			

Names of persons travelling	Date of Birth	Passport No.	Travel dates			Premium \$	
			Date from	Date to	No of days		
						T/Levy	
						Card	\$
						S/Duty	\$
						Total	\$

Countries to be visited

Name, address & tel no of usual doctor:

Have you or any persons named above in the last 24 months experienced any of the following:

	Yes	No
1. Any disorder of the heart		
2. High blood pressure or disease of the blood vessels		
3. Any respiratory or lung trouble:		
4. Any other illness or disorder requiring a visit to the Doctor/hospital		
5. Are you or anyone named above pregnant:		

If you answered Yes to any of the questions 1-5 overleaf provide full details below:		
<b>Declaration:</b> I declare that all answers given in this application are true correct and complete. I understand that any false statement or non-disclosure will result in any policy issued being null and void.		
<b>Signed:</b> Name: Date:		
Payment attached:		Cash: Details:
Amount:	\$	\$

- A. Cheque payments: All cheques payable to East African Underwriters Ltd.  
(If dollar cheque, please add \$50 for Bank charges)
- B. Cash payments: Obtain a receipt from EAUL
- C. Bank transfer: Make to the following account: (INCLUDE YOUR NAME).  
 East African Underwriters Ltd.  
 Stanbic Bank Uganda Ltd  
 Account No: 0240058047301 (US\$)  
 SWIFT Code: SBICUGKX