



INTERGLOBAL LTD

StudentCare

application form

Broker / Agent stamp

"StudentCare Plus" plan "StudentCare" plan

details of insured

Insured's name given family

Date of birth / / male/female

Contact address (country of origin)

Address (country of study)

Telephone private mobile

Email

University/College

passport details

Insured's name

Passport number

Country of issue

Nationality

details of other person/s to be insured

Spouse/partner Name date of birth / /

Dependant children Name date of birth / /

Name date of birth / /

insured person's insurance details

Are you currently a resident in your country of study? Yes No

If no, when will you arrive in your country of study? Date / /

If yes, when do you want this cover to commence? Date / /

Expected duration of stay in your country of study: Months Years Indefinite

Period of cover required Months Visa length

