



Providing professional Visas, Passports, Immigration and associated services since 2002

TRAVEL INSURANCE ACCEPTANCE & PAYMENT AUTHORISATION

Personal Information

Name/s (as per passport):

Date of birth:

SA Identity / Passport Number:

Product information:

Cover Chosen:

Do you have any pre-existing illness?

(If "YES" prior to travel or cover being effective, you need to obtain a "Fit to Fly" Certificate from your Dr stating your pre-existing conditions and related medication and that you are "Fit to Fly" and submit this to us)

Travel details:

Countries to be covered:

Departure Date:

Return Date:

Was your ticket purchased via CREDIT CARD: YES / NO

Applicant's Personal Information

Beneficiary (E.g.: Parents or as per will):

Relationship to applicant





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Applicant's Home Address: _____

City: _____

Postcode: _____

Applicant's Cell phone number: _____

Applicant's Home phone number: _____

Applicant's Email address: _____

PAYMENT METHODS:

☐ CREDIT CARD

I, _____

Authorise SA Travelbug cc to debit my credit card for the amount of: _____

Credit Card: MasterCard Visa

Name of Card holder: _____

Credit Card Number (16digits): _____

CVV (Last 3 digits on the back of your card): _____

Expiry date: _____

Signed at _____ on _____ day of _____ 20_____

Signature _____

