



Personal Details

First Name:	Last Name:
Nationality:	Date of Birth: DD/MM/YYYY
P.O.Box:	Emirate/City:
E-mail:	Mobile No.:
Country of residence: <input type="checkbox"/> Saudi Arabia <input type="checkbox"/> U.A.E. <input type="checkbox"/> Bahrain <input type="checkbox"/> Oman <input type="checkbox"/> Qatar	



Golf Details

Have you ever sustained a loss which was or could have been covered under a "Golfer's Multicover" policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please give details:



Declaration

I declare that all statements and particulars entered in this Proposal are true and I have not withheld any information. I agree that this declaration will form the basis of the contract, and shall be incorporated therein. I hereby subscribe to AXA Golf Mulligan of which the Terms and Conditions I have read understood and agreed.

Signature:

Print Name:	Date: DD/MM/YYYY
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