



## APPLICATION EURO-/WORLDSTUDENT TRAVEL INSURANCE

Please use blockletters

Name of Insured	_____		
Date of birth	yyyy	mm	dd
	/	/	

Name and address where to send Policy instruments	_____
	_____
E-mail	_____

Will be studying at	School	_____
	City	_____
	Country	_____

Version	Eurostudent	<input type="checkbox"/>
	Worldstudent I	<input type="checkbox"/>
	Worldstudent II	<input type="checkbox"/>

Insurance to start on	yyyy	mm	dd
	/	/	
Number of months	1 <input type="checkbox"/>	7 <input type="checkbox"/>	12 <input type="checkbox"/>

### **N.B.**

Do not pay until you have received our invoice!

Please send to:  
Gefvert AB, Danderydsgatan 14, S-114 26 Stockholm SWEDEN  
Fax: + 46 8 678 29 20, e-mail: info@gefvert.se