



APPLICATION FERLIN TRAVEL INSURANCE

Please use blockletters

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

c/o-name and address where to send the invoice	_____

E-mail address	_____
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Insurance to start on	Year	Month	Day
	/	/	
Insurance to end on	Year	Month	Day
	/	/	

Please send to:
Gefvert AB, P.O.Box 38156, 100 64 Stockholm SWEDEN
Fax: + 46 8 678 29 20, e-mail: kundservice@gefvert.se