

Please complete and submit this form **one week prior to departure date** via fax : +95 1 370 177 , or e-mail to : [hotline.cards@kbzbank.com](mailto:hotline.cards@kbzbank.com) with subject "Travel Accident Insurance Registration Form" or send to KBZ Bank, Card Department with all the required document. For submission made via fax or e-mail, kindly call KBZ Platinum Helpdesk number +95 1 370 066 to confirm the receipt of form by KBZ Bank.

**1. PROPOSER/CARDHOLDER**

Name (as shown on NRC) : \_\_\_\_\_

Name (as printed on KBZ UPI Card) : \_\_\_\_\_

Card No. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Name : \_\_\_\_\_

NRC No. / Passport No. : \_\_\_\_\_

Mobile Number : \_\_\_\_\_

Date of Birth : \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DD-MM-YYYY

Nationality : \_\_\_\_\_

Occupation : \_\_\_\_\_

EmailAddress: \_\_\_\_\_

Permanent Address : \_\_\_\_\_

 Emergency Contact Number  
 \_\_\_\_\_

Journey Information :

	From	To
Destination		
Period DD-MM-YYYY		

 Sum Injured Value : **Upto MMK 5,000,000 ( FIVE MILLION KYATS )**
**2. BENEFICIARY / NOMINEE INFORMATION**

Name (as shown on NRC) : \_\_\_\_\_

Relationship : \_\_\_\_\_

Beneficiary Father's Name : \_\_\_\_\_

NRC No. / Passport No. : \_\_\_\_\_

Mobile Number : \_\_\_\_\_

Date of Birth : \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DD-MM-YYYY

Nationality : \_\_\_\_\_

Occupation : \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Address : \_\_\_\_\_

**Note: KBZ Bank is the appointed beneficiary on behalf of Cardholder from Myanmar Insurance and KBZ Bank reserves the right to offset the beneficial/claim amount with the cardholder's outstanding amount in the card account.**

**Please provide copies of the following documents:**

- Copy of Passport and Visa Granted
- Copy of NRC Beneficiary

Signature ( as per the signature in UPI Credit Card Application)

Date : / /

**DISCLAIMER:** I/ We hereby confirm that I am/ We are the authorized signatory and making this request for Travel Accident Insurance Registration from KBZ Bank limited to process request as mentioned in this document. I/ We fully understand my/ our liability against this request. I/ We further confirm that all the information provided in this application form is true and correct. We have attached herewith copy of relevant documents as required by the bank and originals are available with us for verification. I/ We would like to confirm that I/ We agree to abide by the terms and conditions applicable and set by the Bank from time to time unconditionally.