

INSURANCE APPLICATION FORM

I declare hereby apply for the individual and third party liability insurance at Skydive Spa asbl at the conditions of the Insurance Contract n° **14020886**.

SURNAME: FIRST NAME:

Birth Place: Birthdate/...../.....

Nationality:

National Registration Number :

Occupation:

Health care Insurance:

HC Insurance Address:

Legal Address:

.....

Mailing Address:

.....

Email Address:

Contact Person.....

Phone Home: Cell Phone:

I undersigned declare, in case of death, call the following person as beneficiary of the present Insurance:

M (Capital letters)

Address:

I hereby confirm that I have myself acquainted with the rule governing Skydive Spa asbl. Rules I accept without any reserves.

Made at: the/...../20.....
(Please write out in full: **Read and approved**)

Signature Insured Person

**For minors,
Parents' /tutor's signature**