

**INDEMNITY BY APPLICANT (CLIENT)**

I, the undersigned

.....  
(full Name and Surname)

ID Number or Passport number..... or date of

birth .....

Address:


Confirm that I have chosen to become a member of Bupa International.

I hereby acknowledge that this is an international health insurance product that is governed by British Laws. I require this cover because I have international health care needs due to:

- Being a foreign national
- I am an inpatriate / expatriate
- I am going abroad, I am an emigrant or I work for a foreign company or a South African company or Government organization abroad.

Signed at..... on .....

Client signature .....

Advisor signature .....