

Please complete, sign and return this form to GlobalHealth Asia to authorize the transfer of your policy to Liberty International Insurance Limited (Hong Kong).

PROPOSER DETAILS

Company Name: _____
Expiring Policy Number: _____ **Expiry Date:** _____
Authorized Representative Name: _____
Job Title: _____
Phone: _____ **Email:** _____

LOCATION AND CONTACT DETAILS

Company Address (must be completed)	Correspondence Address (if different from Company Address)
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
City:	City:
Postal Code:	Postal Code:
Country:	Country:
Telephone:	Telephone:
Fax:	Fax:

DECLARATION

Request for insurance originally referred to GlobalHealth Asia by

I/We declare to the best of my knowledge and belief that the information given in this form, its attachments and in any health declaration or answers made in any medical questionnaire given to GlobalHealth Asia Ltd (GlobalHealth) and/or Liberty International Insurance Limited (Hong Kong) are true, accurate and complete. I/We agree to accept and conform to the terms and conditions of GlobalHealth and Liberty International Insurance Limited (Hong Kong) policy when issued. I/We confirm that I/We have checked and found correct all any answers or statements in this form.

I/We declare and agree that the personal information collected or held by GlobalHealth and/or Liberty International Insurance Limited (Hong Kong) whether contained in this form, in any insurance document, or obtained or communicated through any other means may be used by GlobalHealth and/or Liberty International Insurance Limited (Hong Kong), or disclosed to or transferred to any organization for the following purposes: 1) assess this application and provide ongoing insurance and customer services, 2) process and give effect to Payment, 3) process claims or analyse the insurance.

I/We hereby understand and agree that any health declarations or answers to any medical questionnaire stated in the Preceding GlobalHealth Policy shall be applicable to the policy to be issued by Liberty International Insurance Limited (Hong Kong).

I/We understand and agree that the limitations and availments on any insurance benefits under the preceding GlobalHealth Policy shall continue to be valid and shall be carried over to the policy to be issued by Liberty International Insurance Limited (Hong Kong).

Policyholder Signature: _____

Date: _____