



Application Form for Medical Insurance-2023 (Period-15/7/2023 to 14/7/2024)

RENEWAL		NEW		Church Membership/ Cardex Number		Application Number (For office use)	
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1. DETAILS OF HEAD OF THE FAMILY MEMBER (CHURCH MEMBER)

NAME OF THE APPLICANT/ Head of Family							
NAME OF THE EMPLOYER							
JOB TITLE/ DESIGNATION							
RESIDENTIAL ADDRESS							
WORK LOCATION							
E-MAIL							
MONTHLY INCOME		Note: - Please write applicable number in the box: 1 = less than 4000 AED/month, 2= between 4001 AED and 12000 AED/month, 3 = more than 12000 AED/month, 4 = no salary; will be used for dependents or children.					
CONTACT NUMBERS	Mobile 1		Residence				
	Mobile 2		WhatsApp				

2. INSURED PERSON'S PERSONAL DETAILS (IF APPLICANT IS ALSO TO BE INSURED, PLEASE GIVE HIS/HER DETAILS ALSO IN THE SAME ORDER)

Sr.	NAME AS IN PASSPORT (CAPITAL LETTERS)	RELATIONSHIP	GENDER	DATE OF BIRTH	NATIONALITY	MARITAL STATUS	MATERNITY BENEFIT
1							
2							
3							
4							
5							
6							

***Maternity Declaration for married females upto 45 yrs.**

1	Are you Pregnant (Answer YES/NO)	
2	Expected Date of Delivery (dd/mm/yyyy)	

DECLARATION

I hereby declare that the above information are true and correct to the best of my knowledge and belief.

Name:	Signature:
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Enclosure: (1) Copies of Passport with valid Visa page & Emirates ID for Applicant & Dependent members.

FOR OFFICE USE ONLY

Application received on:	Date	Payment Details	Amount	Cash	Cheque (Number & Date)
Receipt No.	Date	Sign: _____			

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