



Enrollment Card For Group Insurance

Name		Certificate/ID No.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Day Month Year		Policy No. BGL-
Home Address			
Employer		Date Employed	
Occupation	 Day Month
Name of Beneficiary (Block Letter)		Relationship (having insurable interest*)	
.....		
.....		
Country of Residence			
Nationality 1. 2. 3. (if more than one)			
For company use only			
Effective Date		Class	
Signature of Employee _____		_____	
Date _____		Seal & Signature of Employer	

*Insurable Interest : A Person is said to have insurable interest in an event if that person suffers genuine economic loss should that event occur.

CS/RY/201-15/PP/1000