

AL AFIYA / SALAMA + / SALAMA SMART APPLICATION FORM

MAIN APPLICANT PERSONAL DETAILS

FULL NAME AS PER QID/PASSPORT:

DATE OF BIRTH:

GENDER:

MARITAL STATUS:

NATIONALITY:

QID NUMBER:

QID EXPIRY DATE:

For non-residents:
PASSPORT NUMBER:

For non-residents:
PASSPORT EXPIRY DATE:

PASSPORT ISSUING COUNTRY:

PLACE OF BIRTH:

MOBILE NUMBER:

EMAIL ADDRESS:

SELECTED PLAN:

Al Afiya Global

Al Afiya Elite

Al Afiya Premium

Al Afiya Prime

Salama+

Salama Smart

Al Koot Insurance & Reinsurance Company; P.J.S.C
Address: Building No: 44, Street No: 840, Zone No: 24
Al Rawabi Street, P.O.Box 24563
Doha – Qatar

AL AFIYA / SALAMA + APPLICATION FORM

FAMILY MEMBERS TO BE ADDED:[illegible]

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DECLARATION:

I/We declare for myself and on behalf of my family members to the best of my knowledge and belief the statements on this application form are full, true and correct.

I hereby authorize Al Koot Insurance to discuss, access and obtain a copy of my health records (or any of my dependents' records) that may be requested by them or their appointed representative. I/We shall read the Al Koot Insurance and Reinsurance Agreement when received and that I/We agree to be bound by it. In the event of any dispute, I/We agree to follow Al Koot Insurance & Reinsurance arbitrary process in the first instance. I/We agree that the acceptance of the application shall be on the basis of these agreements.

I/We agree that Al Koot Insurance & Reinsurance may contact our medical practitioner(s) for further details of our medical history and authorise such practitioner(s), hospitals and/or clinics to release any information Al Koot may require including copies of medical records. I/We understand that any misleading or undeclared information may lead to termination of the policy. I/We understood that to incept the policy, I must provide passport copies, QID copies, and the latest medical reports if needed for each member.

I also understand that this application is subject to full compliance to AML/CFT Law in the State of Qatar. I agree that a copy of this declaration stands valid as original.

I CONFIRM AND AGREE TO THE ABOVE DECLARATION

MAIN APPLICANT'S SIGNATURE

FULL NAME OF THE APPLICANT OR LEGAL GUARDIAN	
Relationship to applicant (for Guardian)	
DATE	
SIGNATURE	

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