## LEGAL INSURANCE

# REGISTRATION FORM

|  |  |
| --- | --- |
| Today’s date: | Policy Number: |
| PERSONAL INFORMATION |
|  last name: | First:  | Middle: | ❑ Mr.❑ Mrs. | ❑ Miss❑ Ms. | Marital status (circle one) |
|  | Single / Mar / Div / Sep / Wid |
| Is this your legal name? | If not, what is your legal name? | (Former name): | Birth date: | Age: | Sex: |
| ❑ Yes | ❑ No |  |  |  / / |  | ❑ M | ❑ F |
| Mailing/ Present Address | CNIC  | Home phone no.:  |
|  |  | () |
| P.O. box:  | City:  | State: | ZIP Code:  |
| Email:  |  |  |  |
| Occupation:  | Employer: | Employer phone no.: |
| Choose because/Referred to Insurance by (please check one box): |  |  |  |  |
| ❑ Family | ❑ Friend | ❑ Close to home/work | ❑ Website | ❑ Other |  |
| Other family members seen here: |  |
| INSURANCE INFORMATION |
| Person responsible for Insurance | Birth date: | Address (if different): | Home phone no.: |
|  | / / |  |  |
| Is this person insured here? | ❑ Yes | ❑ No |  |  |
| Occupation: | Employer: | Employer address: | Employer phone no.: |
|  |  |  | ( ) |
| Have you any sort of insurance? | ❑ Yes | ❑ No |  |
| Please select Insurance plan? | ❑ Individual | ❑ Family | ❑Firm/Company | ❑ Int.Company | ❑ Overseas Pak |
| If Family ( Family Mem Names) | Age of Family Members: | Birth date: / / / / / / / / / / | CNIC no.: | Contact no.: |  |
|  |  |  / / |  |  |  |
| Name of secondary insurance (if applicable): | Subscriber’s name: | Group no.: | Policy no.: |  |  |
|  |  |  |  |
| IN CASE OF EMERGENCY |
| Name of local friend or relative (not living at same address): | Relationship: | Home phone no.: | Work phone no.: |
|  |  | ( ) | ( ) |
|  |
|  | Applicant signature: | Registration Officer Signature: | Legal Insurance Director Signature |  |