

## DINERS CLUB MANDATE TRAVEL INSURANCE

To:	From:
Fax:	Fax: 0866 776 938
Tel:	Tel: 0860 346 377
Date:	Email: <a href="mailto:diners.nactravel@travelguard.com">diners.nactravel@travelguard.com</a>

I/We wish to take advantage of the exclusive benefits of the Diners Club (SA) (Pty) Ltd Travel Insurance Cover for international travel.

I/we understand that the applicable premium will automatically be debited each time I/we purchase a travel ticket on my/our Personal or Corporate Diners Club (SA) (Pty) Ltd Card

MEMBERS DETAILS		PLEASE PRINT CLEARLY	
Diners Club (SA) Card No.			
Card Type			
Expiry Date		CVV number (three digits at the back of the card)	
Cardholder's Name			
Cardholder's ID Number			
Date of Application		Travel Destination	
Cardholder's Postal Address			
Contact Number (Cell)		E-mail	

*Please note: All quoted premiums include 20% commission and R5.00 administration fee*

COVER OPTIONS (Please indicate with a cross) X		
PHASE II (Automatically includes Phase I Cover)		Yes, please debit my Diners Club Card for R269 for optional cover every time I purchase a public conveyance ticket using my card
PHASE III – Pre- existing Medical Conditions		Yes, please debit my Diners Club Card for R1,099 for optional cover every time I purchase a public conveyance ticket using my card
SENIORS COVER – Age 75 and Over (NB! Phase I and Personal Accident Cover does not apply to Seniors)		Yes, please debit my Diners Club Card for R567 for optional cover every time I purchase a public conveyance ticket using my card

FINANCIAL NEEDS ANALYSIS (Please indicate with a cross) X		YES	NO
Please answer the following questions to ensure that you understand the mandate option.			
Do you currently have a similar product?			
Are you comfortable that you understand our insurance product and that it satisfies your insurance needs?			
Do you understand and accept the cost associated with this product?			

### PLEASE SIGN BELOW

I hereby authorise Diners Club (SA) (Pty) Ltd to debit my Diners Club card account for the selected optional travel insurance per person, per journey. I/we understand that any Pre-existing Medical Condition is not covered unless Pre-existing cover has been purchased. I/ we understand that Pre-existing Conditions Cover cannot be purchased after departing from South Africa. I/we understand that this is subject to the Rates, Terms and Conditions, Exclusions and Exceptions of the master policy, which is reviewed and updated on an annual basis. The policy is available from the Travel Guard Call Centre on 0860 346 377 or visit [www.dinersclub.co.za](http://www.dinersclub.co.za)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax the completed application to 0866 776 938 to activate your cover.