

DECLARATION

(To be filled by all applicants going to Belarus and intending to Purchase Mandatory and obligatory Medclaim Insurance Policy of State Insurance Organisation of Republic of BELARUS (BELGOSSTRAKH in India).

I (Name) _____ s/o (Father's Name) _____

_____ r/o _____

_____ holding (Indian, Nepal, Afghanistan, Bangladesh, Sri Lanka, _____) Passport Number _____

issued by _____ at (city) _____

(Country) _____ on _____ and valid till _____

_____ hereby declare :

a) That I am going to BELARUS on (date of departure from India) _____

b) I will return back on (date of return to India) _____
from BELARUS.

c) I am going to Tourist/Student/Business/Private Visa, on the
Invitation of _____ (Name of
company person invitee) situated on the address _____

d) I want to purchase mandatory medclaim policy of BELGOSSTRAKH
for _____ (Number of days) i.e.
from _____ to _____

e) My local/ STD phone number is _____

Date : _____
Place : New Delhi

(Signature of the applicant)
or
Authorised Signatory _____