



the best kept secret
in insurance

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FAX TRANSMITTAL SHEET

Attention:	Fax Number:
Date:	Sender: KNIGHTS INSURANCE BROKERS Agency Number:
E-mail: Gustav@knightsinsurance.co.za	Pages, including Cover sheet: 1 of 1

Application for Regent Travel Insurance

Title	First Name	Surname	Date of Birth	Age	I.D. no / Passport no.	Beneficiary

Departure date: _____ Return date back in SA: _____

Destination/s - Country: _____

Type of cover required: Senior International Cover
The following details are required for ONE of the travellers only:

Cellular number / telephone number: _____

Postal Address: _____

_____Postal Code_____

Type of card: Visa/MasterCard/Diners Club: Visa Gold Business

Card number:	4	7	9	0	8	1	2	4	1	9	8	8	6	0	1	9
CVC Number:	6	2	8													

Expiry Date: 02/11

Card holder's name & surname: KNIGHTS INSURANCE BROKERS

Card holder's Contact Tel. No: (011)4529135 E-mail address: gustav@knightsinsurance.co.za

I hereby authorise Regent Insurance Company Limited to debit my credit card for travel insurance with the following total premium due : R_____

Card Holder's Signature: _____ Date of application 12/06/2008