

STATEMENT OF RESIDENCE



To be completed by the policyholder
(PLEASE USE BLOCK LETTERS)

1. POLICYHOLDER INFORMATION

Name	Last	First	M.I.
Date of birth	MM / DD / YY	Policy number	
I declare that I am a resident of (country)		Since	MM / DD / YY
Permanent address			

Please complete if any insured under this policy resides in a country outside Latin America or the Caribbean (please add additional pages if needed)

Insured's name	Last	First	M.I.
Country		Type of visa	
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary: For how long?		After that period, where will the insured establish his/her permanent residency?	
Reason for foreign residency			

Insured's name	Last	First	M.I.
Country		Type of visa	
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary: For how long?		After that period, where will the insured establish his/her permanent residency?	
Reason for foreign residency			

2. AUTORIZATION

I understand that Bupa has the right to verify the information declared above at any time, and request copies of any official documents, such as passports and visas.

Policyholder's signature		Date	MM / DD / YY
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