



BANK MUSCAT - CREDIT CARD TRAVEL ACCIDENT POLICY - APPLICATION FORM

Personal Details							
Cardholders Full Name: (same as Passport)					Male 🔲	Female	
Date of Birth: DD/MM/YYYY	Nationality:				Phone no.:		
Email:							
Bank Muscat Card Name and type							
Country of Residence: Oman							
Travel Details							
Date of Departure: DD / MM / YYYY			Date of Return: DD / MM / YYYY				
Countries to be visited:							
Total Flight Fare: OMR			Amount Paid by Bank Muscat credit card: OMR				
Additional Members Details							
Full Name (same as Passport)			tion with holder	Nationali	ty Gender	Date of Birth	
1)					M/F	DD/MM/YYYY	
2)					M/F	DD/MM/YYYY	
3)					M/F	DD/MM/YYYY	
4)					M/F	DD/MM/YYYY	
Declaration I hereby declare that to the best of my knowledge: i. There are no circumstances connected with the holiday which render it abnormal. ii. All persons to be insured are in good health. iii. There are no reasons of which I am aware why the planned holiday would be cancelled or curtailed. I hereby subscribe to the Group Takaful Travel Policy for credit cardholders of Bank Muscat and understand that the benefits are only applicable when travelling outside Oman and paying at least 50% of the travel ticket value using the Bank Muscat credit card. I have read, understood and agree to the Terms and Conditions of the Group Takaful Travel Policy for credit cardholders of Bank Muscat.							
Signature							
Date:							
 Supporting Documents: Copy of Flight Tickets with total fare Copy of credit card payment receipt showing payment of the flight ticket with the Bank Muscat credit card 							