

Wholelife Financial Services

1550 South Gateway Rd., Suite #311
Mississauga, ON L4W 5G6

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Fax:(905)-828-0155

Email:sunil@wholelifefinancial.com

VISITORS INSURANCE

	<u>Insureds First name</u>	<u>Last name</u>	<u>Date of birth (MDY)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Country of origin: _____

Date of entry: _____

Name of sponsor: _____

Address in Canada: _____

Home phone number: _____

Category (new immigrant, visitor, student visa):

Any pre existing conditions:

Policy amount:

Payment : If credit card – card holders name, credit card no. and expiry date:

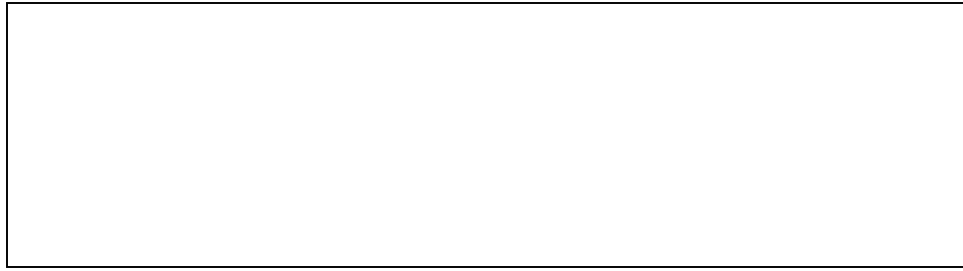
If paying by cheque make it payable to “Wholelife Financial Services”

Beneficiary: _____

Application date: _____

Number of days coverage:

Comments:

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